

Connecting Point

October

2024

**Return Forms
To Your Chapel**



Health and Safety

Inside this newsletter are three informational sheets for The Special Gathering. We keep this information in case of emergencies.

Part of the “*Membership*” form is needed medical information. We need to know your medications, allergies, and information that an emergency room or ambulance would want to know about you.

If you give us permission to text we send out mass texts in case of emergencies with “REMIND.”








We are also including in this newsletter a “*Consent to Release Confidential Information*” form to send to your support coordinator. This will enable your support

coordinator to communicate with us if your “health and safety” information changes or, if you need pastoral care.

Do you have a new support coordinator? We need to know who your support coordinator is. We have had times when someone was sick or sad and needed pastoral care and the support coordinator was able to contact us because of these forms. We have worked with a number of support coordinators on these forms, but your support coordinator might want to use their own form.

We want to keep you safe at our chapel meetings. We want to know when you are sick, sad, or in the hospital. We want to be there for you when you need us.

If you do not want us to have this information, sign the “*Opt Out*” form.

<i>Sunday</i>	<i>Mon</i>	<i>Tues</i>	<i>Wed</i>	<i>Thur</i>	<i>Friday</i>	<i>Saturday</i>
<p>October 2024</p> 		1 	2	3 Vero Chapels Call Rebekah 772-770-1011 Extension 2	4 • 4:00pm Island Choir at 750 Brevard Ave Cocoa Village	5 • 2:30pm Vero Choir • 3:30pm Vero Gathering 1105 58th Avenue
6 • 8:15am-Melbourne Choir at 2700 Sarno Road • 9:30am-Melbourne Gathering at 2700 Sarno • 10:00am-Island Gathering at 65 Needle Blvd • 2:00pm-Titusville Choir at 1355 HWY 50 • 3:00pm-Titusville Gathering at 1355 Hwy 50	7 6:00pm Board Mtg: St John's Viera	8	9	10 Island Chapels Call Lynn 321-632-0130 Extension 3	11 • 4:00pm Island Choir at 750 Brevard Ave Cocoa Village	12 • 2:30pm Vero Choir • 3:30pm Vero Gathering 1105 58th Avenue
13 • No Melbourne Choir • 9:30am-Melbourne Gathering at 2700 Sarno • 10:00am-Island Gathering at 65 Needle Blvd • 2:00pm-Titusville Choir at 1355 HWY 50 • 3:00pm-Titusville Gathering at 1355 Hwy 50	14	15  Titusville Bowling Tuesdays Call 321-264-5105	16	17	18 • 4:00pm Island Choir at 750 Brevard Ave Cocoa Village	19 • 2:00 Fingerprinting of Volunteers • 2:30pm Vero Choir • 3:30pm Vero Gathering 1105 58th Avenue
20 • 8:15am-Melbourne Choir at 2700 Sarno Road • 9:30am-Melbourne Gathering at 2700 Sarno • 8:30am-12:00 Island Volunteers Fingerprinting • 10:00am-Island Gathering at 65 Needle Blvd • 2:00pm-Titusville Choir at 1355 HWY 50 • 3:00pm-Titusville Gathering at 1355 Hwy 50	21	22 5:30pm Every Tuesday Promise Bible Study All are Welcome	23 11:00am BAC Art Show- case at King Center	24  9:00am Newsletter Ministry at 65 Needle Blv.	25 • 4:00pm Island Choir at 750 Brevard Ave Cocoa Village	26 • No Vero Choir • No Vero Gathering
27 • No Melbourne Choir • 9:30am-Melbourne Gathering at 2700 Sarno • 10:00am-Island Gathering at 65 Needle Blvd • 2:00pm-Titusville Choir at 1355 HWY 50 • 3:00pm-Titusville Gathering at 1355 Hwy 50	28	29  For calendar updates, visit: BrevardGathering.com OR VeroBeachGathering.com	30	31 Titusville or Melbourne Chapels Call Jennifer 321-632-0130 Extension 1	 Vero Bowling Fridays call 772-321-6025	 Merritt Island Bowling Saturdays call 321-213-1884 for dates

2024 Special Gathering Membership Form

Name _____ Date of Birth _____

Address _____ City _____ State _____

Zip Code _____ Your Phone _____ May we text? _____

Name of Closest Relative _____

Address of Closest Relative _____

Email of Closest Relative _____

Cell Phone of Closest Relative _____ May we text? _____

Persons to notify in Case of Emergency (other than above)

Name _____ Phone _____

Name of Support Coordinator _____ Phone _____

Have you been ADJUDICATED INCOMPETENT by a court of law? Yes _____ No _____

If yes, who is your guardian? Name _____

Phone _____

Do you have any **chronic medical conditions**? If yes, list the conditions and what procedures are necessary if the condition worsens while at chapel:

Do you have seizures? Yes _____ No _____

Please list all **Allergies**:

Please list all **Medications**:

2024 Special Gathering "Opt Out" Form

Dear Special Gathering:

I know and understand that you are requesting my approval to release my information for purposes of health and safety, and to handle emergencies.

I still do not wish to provide this information. I realize that if I do not provide this information, this may affect your ability to help me in an emergency. It may also effect my support coordinator or another staff person to contact you in the case of an emergency.

Sincerely,

(You Sign) _____ Date _____

(Parent or guardian signs) _____ Date _____

2024 Support Coordinator Release Letter

Dear _____
(The name of your Support Coordinator)

I am a member of The Special Gathering. I would like The Special Gathering to be kept up to date on any health concerns that may be needed in an emergency, such as medicine I take and allergies I have.

I would also like The Special Gathering to be notified in case I need pastoral care. If I am sick or hospitalized, if there is a death of a loved one, or of other sadness.

Please help coordinate my spiritual supports with The Special Gathering. If you have a form you would rather use, please bring it to me to sign.

Thank you for helping with my natural supports. If there is a better way for you to do this please let The Special Gathering know.

Their number is (321) 632-0130.

Sincerely,

(You sign)

(Parent or Guardian signs)

Date _____

Date _____

The Special Gathering
2024 Consent to Release Confidential Information

Individual's Name: _____

Date of Birth: _____

I do hereby authorize the Developmental Disabilities Program or its representatives to release the information checked below from my records, or those of my child, or the individual for whom I am a legal guardian.

FOR HEALTH and SAFETY

- Medication
- Allergies
- Emergency Contacts
- Seizure Activity
- Emergency Contact Information
- Notification of Adjudication of Incompetency
- Notification of Change of Support Coordinator

FOR PASTORAL CARE

- Notification of Hospitalization
- Notification of Death in the Family
- Notification of other Sadness

Name, Address, or Fax # of the individual from whom the information is to be obtained:
(You need to put the name of your Support Coordinator here)

Purpose of information:
Health and Safety, and Pastoral Care

Please Return Information to:
Jennifer Stabler, The Special Gathering
20 Sutton St.
Rockledge, FL 32955
(321) 632-0130 Extension 1

Signature of Individual: _____

Signature of Parent/Guardian _____

Witness (If signed with a mark) _____

Melbourne, Vero &
Brevard Gathering
20 Sutton St
Rockledge, FL 32955
Return service requested

Free Matter
for the Blind
and Physically
Handicapped

Mailed from zip code 32926

Wear Your Favorite Team's
Hat, Shirt or Jersey to Chapel



When: Saturday, October 5th
and Sunday, October 6th

