

**Move it  
Mondays**

**Treat Yourself  
Tuesdays**

**Write it down  
Wednesdays**

**Thoughtfulness  
Thursdays**

**Freebie  
Friday**

Go for a walk  
outside

Make your  
favorite meal

Write down your  
goals for the month

Try mindfulness  
breathing

Complete your  
favorite self-  
care activity

Dance or do a  
plank to your  
favorite song

Cook a  
new recipe

Journal while  
playing relaxing music



Have a "no  
screens" night

Exercise with  
a friend

Wear your  
favorite outfit!



Sit outside and  
watch the clouds

Get creative!  
Draw, make  
music, or paint

Try Tai Chi



Make sleep a  
priority today

Send a letter or long  
text to a loved one

Help someone  
complete a task

Share a meal  
with a friend

Fill out the prompts  
on the next page

Reflect on things  
that went well for  
you this month

Organize  
something in  
your home

# October

**MENTAL HEALTH AWARENESS CHALLENGE**

# October

## MENTAL HEALTH AWARENESS CHALLENGE



What are you most

grateful for right now?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How could you improve

your morning routine?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you ask others  
for support or help?

Describe yourself in 5 words

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What makes you feel  
confident?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# RESOURCES FOR **October**

**NSHC Contacts for this month:**

**Behavioral Health Services: 907-443-3344**

**CAMP: 907-443-3365**

**Emergency Department: 907-443-3203**

**Sexual Assault Response Team (SART):**

**907-443-4518, 907-443-4517**

**Social Services: 907-443-4541**

## **TIPS FOR A SAFE HALLOWEEN**

- 1. Wear reflective gear or carry a flash light**
- 2. Accompany small kids**
- 3. Dress for the weather**
- 4. Costumes or shoes that are too big are tripping hazards**
- 5. Kids going out without adults should travel in groups**

**CALL THE CAMP DEPARTMENT FOR SAFETY GEAR: 443-3365**

## **Monster Apple Recipe**



### **Ingredients**

- 1 Green Apple**
- 2 tbsp Peanut butter**
- 2 strawberries**
- 1/2 cup seeds**
- Blueberries**

### **Instructions**

- 1. Cut the apple into quarters.**
- 2. Lay the apple quarters down, and cut a 1 inch wedge in the middle of the peel side of each quarter. Do not cut all the way through because you want each quarter to stay in one piece. It will look like a mouth.**
- 3. Cut the strawberries in slices lengthwise so that you have 4 pieces.**
- 4. Spread peanut butter on the bottom of each mouth, inside the cutout.**
- 5. Place a strawberry inside the cutout to resemble a tongue sticking out.**
- 6. Poke 6 or 7 seeds into the top edge of the cut out to resemble teeth.**
- 7. Use peanut butter to glue the blueberries on the apple for eyes. Enjoy!**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Guardian's name (If under 18): \_\_\_\_\_

Your Community: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address \_\_\_\_\_

*Please Note, we will no longer be mailing out incentives for participants that live in Nome.*

Choose an Incentive:

- \$10 Veggie Bucks for a CAMP Sponsored Produce Market
- \$30 off Nome Rec Center Monthly Pass Coupon
- 5-Punch Nome Rec Center Pass
- 5-Punch Pool Pass
- Foods We Alaskans Enjoy Cookbook
- Water Bottle *Circle Color Choice:*    *Orange*            *Blue*            *Black*            *Clear*            *MintGreen*

In addition to these, October's special incentive is thank you cards!

30 Day Wellness Challenge Rules

- Complete exercise/activity designated for each day of the month.
- You do not have to complete the exercises all at one time. For example: You can complete 15 mountain climbers in the morning of that day and 20 in the evening of that same day.
- Participants under 18 years old must get a parent or guardian to sign the calendar.
- Return completed calendar to CAMP by the 10<sup>th</sup> of the following month to receive a prize.

I understand and accept the element of risk of physical injury through participation in the 30 Day Wellness Challenges. I further understand there is no medical insurance provided by the Norton Sound Health Corporation or its employees, volunteers, and sponsors for this program. I will assume all risks and I am aware that I shall be responsible for any and all medical costs that may arise from injury through participation in this program as well as any other unforeseen costs that could arise. I release Norton Sound Health Corporation from any and all liability, loss, damage, costs, claims or causes of action including but not limited to property damage or bodily injuries that may arise from this activity.

Participant or Parent/Guardian Signature (if under 18 years old): \_\_\_\_\_



Please return completed calendars to  
NSHC CAMP office or email  
wellness@nshcorp.org  
Questions: Call 443-3365

