Center for Good Mourning Grief Support Groups

Application

Child's Name_____Nickname_____ Child's Age____

Child's Date of Birth_____ Child's Sex_____ Child's Race_____

Child's Grade_____ Name of Child's School_____

Allergies to any food? _____ (Yes) _____ (No) If yes, please explain: _____
_____

Address: _____

_____

Phone Number_____ (Home) _____ (Work)

_____ (Message) _____
(Cell)

Email address_____

Mother's Full Name_____

Father's Full Name_____

Custodial Parent_____

People living in the home:

Name	Age	Relationship to child	Job **or** School Grade

Name of person who died_____ Date of death_____

Cause of death_____

Person's relationship to child (grandfather, friend, etc) _____

Age of person who died _____

Degree of pain associated with death _____ (None) _____ (Some) _____ (Much)

Was the death: _____ expected? _____or sudden? If expected, for how long? _____

Was the death violent? _____ (Yes) _____ (No) If yes, please describe if the child either heard about or witnessed the violence personally.

_____

_____

Was the child present at moment of death? _____ (Yes) _____ (No) If yes, please describe circumstances including who else was present and whether the deceased said anything specifically to child.

_____

_____

Did the child view the dead body? _____ (Yes) _____ (No) If yes, please describe circumstances including reactions of the child and others who were present.

_____

_____

Did the child attend funeral/memorial service/graveside service? ____ (Yes) ____ (No)
Which? _____
Child's reaction?

_____

_____

Has the child visited grave/mausoleum since the death? _____ (Yes) _____ (No)
If yes, describe circumstances.

_____

_____

Did the child make any expression of "good-bye" to the deceased, either on his/her own or suggested?_____ (Yes) _____ (No) If yes, describe.

_____

_____

How comfortable do you feel talking to your child about death? (Circle number)

1 2 3 4 5

Not at all comfortable Somewhat comfortable Very comfortable

How did you explain the death to your child?

_____

_____

How has the child expressed his/her grief?

_____

_____

Has your child acted differently since the person died? _____ (Yes) _____ (No)
If yes, please describe how.

_____

_____

_____

What other significant deaths has your child experienced (who and when)?

_____

_____

Has your child exhibited the following <u>in the past month</u> related to the death?
<u>Note</u>: 0 = Not at all 1 = Sometimes 2= Very often

Sadness	0 1 2	Anxiety	0 1 2	Depression	0 1 2
Frustration	0 1 2	Anger	0 1 2	Relief	0 1 2
Shock	0 1 2	Crying	0 1 2	Confusion	0 1 2
Irritability	0 1 2	Panic	0 1 2	Nightmares	0 1 2
Guilt	0 1 2	Hopelessness	0 1 2	Resentment	0 1 2
Loneliness	0 1 2	Fear	0 1 2	Withdrawal	0 1 2
Alcohol/Drug Use	0 1 2	Poor Concentration	0 1 2		

Has your child ever talked about hurting himself/herself or others? ____ (Yes) ___ (No)
If yes, please explain.

_____

_____

Have there been any changes in your child's sleeping habits since the death?
____ (Yes) ____ (No) If yes, please explain.

_____

_____

Have there been any changes in your child's appetite or eating habits since the death?
____ (Yes) ____ (No) If yes, please explain.

_____

_____

Has your child seen a counselor to help him/her cope with the death?
____ (Yes) ____ (No) If yes, who and where?

_____

_____

Does your child have any disruptive behavioral problems, including Attention-Deficit/Hyperactivity Disorder? _____ (Yes) _____ (No) If yes, please explain.

_____

_____

Does your child know about our support group yet? _____ (Yes) _____ (No)
Please describe what he/she thinks about attending.

_____

_____

Would your child be able to attend the next series of group sessions as listed in the brochure?
____ (Yes) ____ (No) If no, please explain.

_____

If unable to attend the next series, would you like to be considered for a future series?
_____ (Yes) _____ (No)

How did you learn about Center for Good Mourning Support Groups?

_____

Please list any questions that you have about the program. After your application is received, someone from the Center for Good Mourning will call you to review your application and discuss your questions.

_____

_____

Any additional information that you think it would be good for us to know about your child and family:

_____

_____

Please make certain that you have answered all questions before returning the completed application by mail or fax (501-978-6424). Thank you.

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