

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 in the past month related to the death?

Note: 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.