

GRIEF SUPPORT GROUP APPLICANT INTAKE FORM

First & Last Name: _____ Age: _____ DOB: _____

Phone (Home): _____ (Cell): _____

Address: _____ Email: _____

Name of Person Who Died: _____

Relationship to Deceased: _____ Age at Death: _____

Length of Relationship: _____ Date of Death: _____

Cause of Death: _____

Place of Death: _____

Other Recent Losses: _____

Who lives with you at the present time?

(Include names, ages, and their relationship to group member applicant)

What family members reside outside the home? _____

Who are your primary sources of support? _____

Emergency Contact: _____ Phone: _____

What support groups have you been in previously? _____

What was that experience like for you? _____

Have you been receiving any counseling or psychiatric care?
 Yes No Prefer not to answer

If yes, would you be willing to sign a written release so that your group leader can contact your counselor or therapist to determine if a group experience seems appropriate for you at this time? Yes No

Do you have any current or chronic health problems?
 Yes No Prefer not to answer

If so, please describe: _____

Do you have special needs?
 Yes No Prefer not to answer

Do you have questions or concerns about joining a grief support group?

Which session(s) would you like to attend?

Date:

Time:

Feb 8th..... 10:00am - 12:00pm 5:00pm - 7:00pm

Feb 15th..... 10:00am - 12:00pm 5:00pm - 7:00pm

Feb 22nd..... 10:00am - 12:00pm 5:00pm - 7:00pm

Feb 29th..... 10:00am - 12:00pm 5:00pm - 7:00pm

Mar 7th..... 10:00am - 12:00pm 5:00pm - 7:00pm

Mar 14th..... 10:00am - 12:00pm 5:00pm - 7:00pm

Mar 21st..... 10:00am - 12:00pm 5:00pm - 7:00pm

Mar 28th..... 10:00am - 12:00pm 5:00pm - 7:00pm

Session Attendance: In-Person Zoom

Additional Information: _____

FOR INTERVIEWER ONLY

Application/interview conducted by: Phone [] Mail [] In-person []

Interviewer Name: _____ Date: _____

Action: Accepted into group that begins on: _____ Notified? _____
(Date) (Yes/No)

Declined into group at this time due to: _____ Notified? _____
(Reason) (Yes/No)

Comments of Interviewer: _____

Applicant Name: _____