

# 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?  
 Oct 11<sup>th</sup> ... 10:00am - 12:00pm       Oct 25<sup>th</sup> ..... 5:30pm - 7:30pm  
 Nov 8<sup>th</sup> .... 10:00am - 12:00pm       Nov 22<sup>nd</sup> .... 5:30pm - 7:30pm  
 Dec 6<sup>th</sup> .... 10:00am - 12:00pm       Dec 20<sup>th</sup> .... 5:30pm - 7:30pm

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: \_\_\_\_\_