

## SoundCareKids Application

*To help us better understand your children and their unique grief, please complete as much of the following application as you feel comfortable and send it back to SoundCareKids in the enclosed envelope. You will also have the opportunity to discuss this intake over the phone with the Program Coordinator before you attend the first group.*

**Child's name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Child's name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Names and ages of other siblings in the home (not attending group):** \_\_\_\_\_

\_\_\_\_\_

**Name of Parent(s):** \_\_\_\_\_

**Family Address:** \_\_\_\_\_ **City, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Most recent loss:**

- Mother                       Father                       Younger sibling                       Older sibling  
 School age friend                       Family friend                       Grandmother                       Grandfather  
 Relative \_\_\_\_\_                       Other: \_\_\_\_\_

**What is the person's name?** \_\_\_\_\_

**When did the person die?** \_\_\_\_\_

**Please describe each child's relationship with the person who died:**

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**Were any of your children present at the time of the death? If so, please list their names and reactions:**

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**How did your children find out about the death? What were your children told about how the person died?**

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**What was the cause of the death?**

- Car accident  
 Sudden death (heart attack, stroke, aneurism, \_\_\_\_\_)  
 Suicide  
 Homicide  
 Natural causes

Cancer or illness (Please specify type: \_\_\_\_\_)

**Did your children attend the funeral/ memorial service?**     Yes     No

**What changes have you seen in your children since the death? Please describe:**

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**What have been *your* reactions to this death?**

- Loss of concentration     Significant change in appetite     Significant change in sleeping  
 Depression     Headaches/ Body-aches     Mood swings  
 Nightmares/ Flashbacks     Need for medication     Panic Attacks  
 Increase in illness     Anger/ Irritability     Withdrawal  
 Increased Alcohol/ Substance use

**Is there anything else you want us to know about your family?**

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**How did you hear about the SoundCareKids Program?**

- School counselor     Family friend     Family doctor  
 Therapist     Newspaper     Church  
 Funeral home director     Hospice     Another grief support program  
 \_\_\_\_\_

## Consent for Participation in the SoundCareKids (SCK) Program

*Please initial before each line.*

- \_\_\_\_\_ I understand that the SCK team includes the SoundCareKids Program Coordinator, Pet Therapy teams, and trained volunteers who have passed criminal background checks and have excellent referrals.
- \_\_\_\_\_ I understand that regular attendance and my support is important for my children to benefit from this program.
- \_\_\_\_\_ I understand that my attendance is required and that my child/children cannot be dropped off at group without an adult who is participating in the concurrent Parent/Caregiver support group.
- \_\_\_\_\_ I understand that my children may participate in this group as long as he/she remains appropriate and space is available. A long-term participant may be asked to close if space is needed for a new participant.
- \_\_\_\_\_ I understand that the SCK Program Coordinator may encourage me to seek outside counseling by a professional therapist for my children or family during and/or after participation in this group.
- \_\_\_\_\_ I understand that my children may be asked to leave the group if he/she breaks confidentiality of other group members.

I, \_\_\_\_\_, hereby give my consent for my children to attend  
(please *print* parent/legal guardian's name)

the SoundCareKids Grief Support Program sponsored by Providence SoundHomeCare and Hospice.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date