

SoundCareKids Application

To help us better understand your child and the his/her 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: _____

Name of Parent: _____

Names and ages of other siblings in the home: _____

Address: _____ City, Zip: _____

Phone: _____ Email: _____

School: _____ Grade: _____

Most recent loss:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Younger sibling | <input type="checkbox"/> Older sibling |
| <input type="checkbox"/> School age friend | <input type="checkbox"/> Family friend | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather |
| <input type="checkbox"/> Relative _____ | <input type="checkbox"/> Other: _____ | | |

When did the person die? _____

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

Did your child witness the death? Yes No

How did your child find out about the death? What was your child told about how the person died?

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 child attend the funeral/ memorial service? Yes No

Have there been changes in your child's behavior at home since the death? Please describe:

Have there been changes in your child's performance at school since the death? Please describe:

What have been *your* reactions to this most recent loss?

- [] 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

What other losses has your child experienced in his/her lifetime?

- | | |
|--|--------------------|
| Death of a parent (specify) _____ | Date of loss _____ |
| Death of a sibling (specify age of sibling) _____ | Date of loss _____ |
| Death of a friend (specify) _____ | Date of loss _____ |
| Death of a relative (specify) _____ | Date of loss _____ |
| Death of other significant person (specify) _____ | Date of loss _____ |
| Loss of home (specify) _____ | Date of loss _____ |
| Separation from sibling(s) (specify) _____ | Date of loss _____ |
| Loss of biological family unit: <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption | Date of loss _____ |

Is there anything else you want us to know about you, your family, or your child's loss?

How did you hear about the SoundCareKids Program?

- School counselor Family friend Family doctor
- Therapist Newspaper Church
- Funeral home director Hospice Another grief 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 child 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 child 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 child or family during and/or after participation in this group.

_____ I understand that my child may be asked to leave the group if he/she breaks confidentiality of other group members.

I, _____, hereby give my consent for my child,
(please *print* parent/legal guardian's name)

_____ to attend the SoundCareKids Grief Program sponsored by
(please *print* child's name)

Providence SoundHomeCare and Hospice.
