



Teen Support Group Application

Please complete the following application. You may skip over any questions that you don't feel comfortable answering right now. **We do need permission from your parent or guardian for you to attend this group.** They can sign the attached consent form and send it with your application or separately, whichever you prefer.

Name: _____ **Age:** _____ **Date of Birth:** _____

Name of Parent/Guardian: _____

Street Address: _____ City, Zip: _____

Phone: _____ Is it ok for us to leave you a message at this number? _____

Cell: _____ Email: _____

School: _____ Grade: _____

Most recent loss:

- Mother Father Younger sibling Older sibling
- Classmate Family friend Grandmother Grandfather
- Relative _____ Other: _____

What was the person's name? _____

When did the person die? _____

How close were you to the person who died?

- This person was a big part of my life. We were extremely close.
- This person was a part of my life, but we weren't very close.
- I knew this person from school and talked to him/her once in a while.
- We weren't very close, but this death triggered some recent or past grief that I am still dealing with.
- _____

How did you find out about the death? Who told you? How?

What was the cause of the death?

- Car accident
- Sudden death (Please specify type _____)
- Suicide
- Homicide
- Cancer or illness (Please specify type _____)
- Other

Did you have any time to prepare for the death or process the diagnosis? _____

Did you witness the death? Yes No

Did you attend the funeral? Yes No

In the past 30 days, have you:

- Had nightmares? Had trouble concentrating? Felt more angry or irritable than usual?
- Had trouble falling or staying asleep? Wanted to be alone more than before?

What other losses have you experienced in your 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: Foster Care Adoption Date of loss _____

Is there anything else you want us to know about you or your loss(s)?



Consent for Participation in the SoundCareKids (SCK) Teen Grief Support Group

Please initial before each line.

_____ I understand that regular attendance is important for me to benefit from this group.

_____ I understand that the SCK Program Coordinator may encourage me to seek outside counseling by a professional therapist during and/or after participation in this group.

_____ I understand that I may be asked to leave the group if I break confidentiality of other group members.

Signature of Teen Participant

Date



Consent for Participation in the SoundCareKids (SCK) Teen Grief Support Groups

Please initial before each line.

_____ I understand that the SCK team includes the SoundCareKids Program Coordinator and volunteers. Volunteers have received special training on facilitating children, youth, and family grief work. The team of volunteers may also include specially trained and screened therapy animals.

_____ I understand that regular attendance and my support is important for my child to benefit from this program.

_____ 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 Teen Grief Support
Groups.

Signature of Parent or Legal Guardian

Date

Questions or concerns?

Contact Shell St. Onge at (360) 493-5928 or Shell.StOnge@providence.org