

Michael's Place *let the healing begin*

ENROLLMENT FORM for INDIVIDUALS Requesting Michael's Place Services

Today's Date _____

Your Name _____ Birthdate _____

Address _____ City _____

State _____ Zip _____ Home # _____ Cell # _____

Occupation _____ Employer _____

Work Phone _____ Hours to reach you there _____

Email address: _____

Spouse's Name, if applicable _____ Birthdate _____

Occupation _____ Employer _____

Work Phone _____ Hours to reach you there _____

Email address: _____

Would you prefer to receive our monthly newsletters: _____ electronically (with this e-mail)
_____ in the mail (hard copy)

Who is the person who died? If more than one person, please use the backside.

Name: _____ Date of Birth: _____

Date of death: _____ Age: _____ Cause of death _____

Relationship to adult(s) above _____

Preferred Starting Date in Program _____

Is there any additional information you think we should know? Please explain.

Signature_____Date:_____

**MICHAEL’S PLACE
RELEASE FORM**

We understand that Michael’s Place is a support center and offers no therapy or counseling. The groups offer peer support. Our family is here to share our experiences of loss, and to interact with others who are coping with the death of a family member or friend.

We understand that group discussion content, writing and artwork may sometimes be used for training, teaching and educating the public about the needs of grieving people and/or research. Michael’s Place will always ask permission to share any piece. At no time will names of any participants be released without permission.

As participants at Michael’s Place, we will respect the confidentiality of all information gained from all participants. We can also expect that what we share will be held in strict confidence by all facilitators and other participants. Sometimes information that we share in our groups will be shared with other facilitators if it will enable them to better understand the needs of our family members, but that information will be held in confidence.

We understand that groups begin promptly. We agree to arrive at a reasonable time and understand, because it would be disruptive to groups, that we may not be able to attend group if we arrive late.

We will attend meetings regularly, and only miss when it is absolutely unavoidable. We understand that our growth as well as the well being of the groups depends on our regular attendance. We will notify our Group Leader or Program Staff of any planned absences. If we are absent more than twice without contacting the office, we will be contacted by phone or letter. If we are frequently absent (more than twice in one month without a valid reason) we understand that our family will be asked to give our spaces to another family on the wait list and we will be returned to the waiting list.

We understand that not all children are able to benefit from involvement in a support group. Occasionally, a child's behavior may be uncontrollable, disruptive or pose a danger to him/herself or others at Michael's Place. We will be informed of behavior problems regarding our child, and the group facilitators and program staff will evaluate whether it is beneficial for our child to continue in the group. If appropriate, we will be given referrals to other services that may be able to provide support to our child.

Signed: _____ Date: _____

Michael's Place has my permission to use pictures of myself and/or my family in any presentations to tell the Michael's Place story. _____ Yes _____ No

**MICHAEL'S PLACE
MEDICAL INFORMATION AND RELEASE**

Have you been treated by a doctor for a medical or psychological condition in the past 12 months? If yes, please explain.

Are you currently being seen by a counselor or therapist? If yes, please explain.

Are you taking any medications Michael's Place needs to be aware of? If yes, what?

Do you have any allergies we should know about? (foods, medications, bee sting, etc.)

