Michael's Place
let the healing begin

Enrollment Form
For Families Requesting Services From Michael's Place

Today's Date_____

Your Name_____Birthdate_____

Spouse/Partner Name, if applicable_____Birthdate_____

Address_____City_____

State_____Zip_____Home #_____Cell#_____

Email:_____

Would you like to receive our monthly calendar (via email)? _____ Yes _____ No

If you DO NOT have an email, we have our calendars available on our website and on site.

How did you hear about us?_____

If referred, please list source: _____

Have you ever been convicted of criminal activity against a child?_____

If yes, please explain: _____

Demographics: (Optional)

Age Range: __18-24 __25-34 __35-44 __45-54 __55-64 __65 +

Race/Ethnicity: __American Indian / Native American __Asian __ Black / African American

__Hispanic / Latino __White / Caucasian __Pacific Islander __Other

Religious Preference (please specify):

_____

Household Income (optional): __Under $20,000 __ $20,000- 29,999 __$30,000-$39,999 __$40,000-$49,000 __$50,000+

1212 Veterans Drive
Traverse City, MI 49684
231.947.6453 Phone
231.947.7114 Fax
www.MyMichaelsPlace.net

Children who services are being requested for:

NAME (Include nickname) BIRTHDATE AGE SCHOOL GRADE

_____

_____

_____

_____

_____

Are you the parent or legal guardian of these children?_____

Who is the person who died? If more than one person, please list below.

Name:_____Date of Birth: _____

Date of death:_____Age:_____Cause of death:_____

Relationship to adult(s) above_____

Relationship to children above_____

What have the children been told about the death?

What beliefs do the children have concerning what has happened to the person who died? (Heaven, with the angels, spirit world, reincarnation, etc)

Is there anything the children have not been told about the death?

Were the children involved in the funeral and burial?

What concerns do you have about each of the children and their grief work?

Have there been other changes or losses your family has experienced recently? (moving, loss of job, new school, illness, divorce, other deaths, etc.)

Do you or your children have any special needs or conditions we should be aware of (i.e. learning disabilities, allergies, etc.)?

Would you like information about grief and loss to give to your child's school?

Emergency Contact Information:

Emergency Contact Name: _____

Emergency Phone Number: _____

Relationship: _____

Self-Evaluation:

Many people describe grief as a journey. Please indicate by marking an "X" on the line below at the place that you believe best represents where you are at this moment in your journey today. (*See scale below for reference*)

(0) Just beginning (25) some distance (50) moderate distance (75) substantial distance (100) a long way

Evaluation Scale:

0: Struggle getting out of bed, brushing teeth, etc... (Basic functioning)

25: Struggle with missing work/school/ day to day activities/ sleep changes

50: Avoiding situations/places/people that remind you of your loved one; avoiding current relationships and/or building new relationships

75: Starting to rebuild relationships, engage in activities and interests/see hope

100: Adapted to the "new normal

MICHAEL'S PLACE
MEDICAL INFORMATION AND RELEASE

Are you or any of your children being treated by a doctor for a medical or psychological condition in the past 12 months that Michael's Place needs to be aware of? If yes, please explain.

Are you or your child taking any medications? If yes, what?

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

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

MICHAEL'S PLACE
FAMILY RELEASE FORM

We understand that Michael's Place provides support and offers no therapy or counseling. 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.

I have read and understand the Michael's Place Policies and Important Information included in the Enrollment Packet.

Michael's Place has my permission to use pictures of myself and/or my family. ___Yes ___ No

Signed:_____Date:_____

For Office Use Only:

Date of Enrollment_____

Recommended Support Group_____
_____
_____

Planned Start Date_____

Referral to Outside Resoures_____
_____
_____

Other Follow-Up Needed_____
_____
_____

Notes: