Michael's Place
let the healing begin

Enrollment Form
For Individuals/Couples 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 address: ____

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:____

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____

Is there any additional information you think we should know? 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

Michael's Place provides support and advocacy for those grieving
the death of a loved one and educates the community on grief issues.

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

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.)

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: