



**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—this information is used to help us obtain grants and other funding.)***

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 : \_\_Under \$20,000 \_\_ \$20,000- 29,999 \_\_\$30,000-\$39,999 \_\_\$40,000-\$49,000  
\_\_\$50,000+

***Children who services are being requested for:***

NAME (Include nickname)                      BIRTHDATE                      AGE                      SCHOOL                      GRADE

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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:***

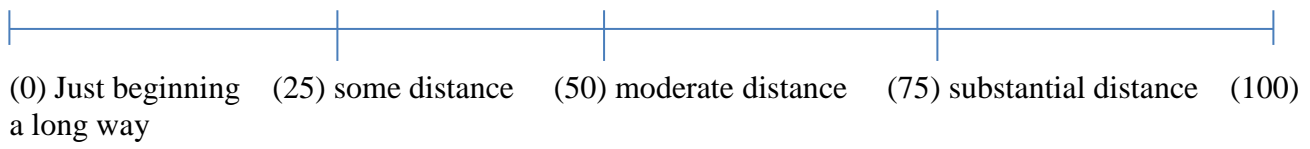
Emergency Contact Name: \_\_\_\_\_

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)



***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: