



Buddy's Place

A Program for Bereaved Children and Their Families

Program Registration Form

Some questions about you and your children:

Caregiver name(s) _____ / _____ Today's Date _____

Birth Date(s) _____ / _____ Age(s) _____ / _____

Relationship to the children: _____

Address _____ City, State, Zip _____

Preferred phone number: Home Mobile/Other

Home Phone _____ Mobile or other phone _____

E-mail _____ Email _____

Employer _____ Occupation _____

Work Phone _____ May we call you at work? Yes No

Emergency Contact Person _____

Relationship _____ Telephone _____

Languages spoken: _____

Please list your child(ren):

Name (first and last)	Birth date	Age	School / Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Received: _____ xls: _____ CC: _____

Week Session: Fall - _____ Spring - _____
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Some questions about the loved one who died:

Name (first & last) _____ Birth date _____ Age _____

Date of Death _____

S/he was my/our _____ S/he was the children's _____

The cause of death was _____

Where did the death occur? _____

How were the children told of the death and by whom? _____

Some questions about your specific situation:

Did the children witness the death or were present when the death occurred? Yes No

Have your children been told everything about the death? Yes No

If not, please comment: _____

Did the children attend the funeral or burial? Yes No

Tell us about the funeral: _____

How has the school system responded? _____

Have your children or any family member received bereavement support (individual or group)?

Who are the supportive people you and your children talk to about the death and your grief?

Have you had any other recent changes in your lives? (moved, changed schools, job change, etc.)

What other deaths or losses has your family experienced, and the approximate date of these? (friends, other family members, pets, etc.)

Have you or your family members received counseling for any other issues? _____

Is there anything else we should know about your family? _____

What are your family's goals? _____

Demographic Information

Providing the following information is optional but is extremely helpful to Buddy's Place for use in research and funding needs.

County you live in: _____ School District #/Name: _____

How did you hear about Buddy's Place? (Check all that apply and provide name is applicable)

- Brochure: _____
- Family/Friend: _____
- Social Media: _____
- Newspaper/other media: _____
- School: _____
- Counselor/Therapist: _____
- Minister/Clergy: _____
- Physician/Hospital: _____
- Hospice: _____
- Funeral Home: _____
- Other (please describe): _____

Ethnic Background of adults:

- Multi-Racial (please check all that apply)
- African American
- Asian/Pacific Islander
- Caucasian
- Hispanic/Latino(a)
- Native American
- Other (describe)_____

Ethnic Background of children:

- Multi-Racial (please check all that apply)
- African American
- Asian/Pacific Islander
- Caucasian
- Hispanic/Latino(a)
- Native American
- Other (describe)_____

Religious/Spiritual/Cultural Affiliation:

- Christian: Catholic _____
- Jewish
- Muslim
- Hindu
- Buddhist
- Other: _____

Household Income Level:

- Under \$10,000
- \$11,000-\$20,000
- \$20,001-\$35,000
- \$35,001-\$50,000
- \$50,001-\$75,000
- over \$75,000

Please indicate if your family may meet any of these conditions (check all that apply):

- Receives Medicaid
- Receives SSI/SSDI
- Unemployed
- Disabled
- Other: _____

Current Martial Status: Single Married Divorced Widowed Other: _____

Highest Education Level Attained:

- High School/GED
- Some College
- Associates degree/Certificate program _____
- Bachelor's degree
- Master's degree
- Doctoral level degree (Ph.D., Psy.D., MD, DO, JD, etc.)

Thank you for your information. All information will be kept strictly confidential.

We appreciate your returning this completed form to:
 Buddy's Place, a program of Pillars Community Health
 1023 W. Burlington Avenue Western Springs, IL 60558
buddysplace@pchcares.org





2019 Fall 8 Week Session

(September 17, 24, October 1, 8, 15, 22, 29, November 5)

8 Week Session Information Request and Registration Form

The Buddy's Place, a program of Pillars Community Health, 8 Week Session is where children and teens engage in goal-oriented grief/bereavement related activities that are age appropriate. At the same time, the parent(s)/caregiver(s) participate in a group where they focus on understanding children's grief and how to better help children work through their grief.

The 8 Week Session meets on consecutive Tuesdays in Western Springs from **September 17-November 5 at 6:15-7:30 pm.**

Meetings are held in Western Springs and the program is of no charge to families. For more information on Buddy's Place or to register for the 8 Week Session please email this form to mhalm@pchcares.org

I would like more information on the upcoming 8 Week Session

I would like to register for the 2019 Fall 8 Week Session

Family Name: _____

Adult(s): _____

Child(ren)/Age(s): _____

Email: _____ Phone: _____

First time attending an 8 Week Session

Returning 8 Week Session family

I have completed and submitted the
Buddy's Place program registration form