



Caregiver Information

Caregiver name: _____ Date: _____

Birth Date _____ / _____ Current Age: _____ Relationship to the child(ren): _____

Address _____ City, State _____ Zip _____

Phone number: _____ (Home or Mobile) E-mail: _____

Employer _____ Occupation _____

Cultural Background of caregiver:

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

Preferred Language: English Spanish Arabic Polish Other: _____

Additional Languages: English Spanish Arabic Polish Other: _____

Religious/Spiritual Affiliation: Christian: Catholic _____ Jewish Muslim Hindu Buddhist Other: _____

Current Marital Status: Single Married/Remarried Divorced Widowed Other: _____

Highest Education Level Attained:

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

Additional Caregiver name (optional): _____

Birth Date _____ / _____ Current Age: _____ Relationship to the child(ren): _____

Address _____ City, State, Zip _____

Phone number: _____ (Home or Mobile) E-mail: _____

Employer _____ Occupation _____

Cultural Background of caregiver:

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

Preferred Language: English Spanish Arabic Polish Other: _____

Additional Languages: English Spanish Arabic Polish Other: _____

Religious/Spiritual Affiliation: Christian: Catholic _____ Jewish Muslim Hindu Buddhist Other: _____

Current Marital Status: Single Married/Remarried Divorced Widowed Other: _____

Highest Education Level Attained: High School/GED Some College Associates degree Bachelor's degree
 Master's degree Doctoral level degree (Ph.D., Psy.D., MD, DO, JD, etc.) Other _____

Child(ren) Information

Child's Name: _____ Birth Date _____ / _____ Current Age: _____

Address _____ City, State, Zip _____

Phone number: _____ E-mail: _____

Cultural Background of child: :

Multi-Racial (please check all that apply) African American Asian/Pacific Islander

Caucasian Hispanic/Latinx Native American Other (describe) _____

Preferred Language: English Spanish Arabic Polish Other: _____

Additional Languages: English Spanish Arabic Polish Other: _____

Religious/Spiritual Affiliation: Christian: Catholic _____ Jewish Muslim Hindu Buddhist Other:

Education Information: School: _____ District #: _____ Current Grade: _____

Child's Name: _____ Birth Date _____ / _____ Current Age: _____

Address _____ City, State, Zip _____

Phone number: _____ E-mail: _____

Cultural Background of child: :

Multi-Racial (please check all that apply) African American Asian/Pacific Islander

Caucasian Hispanic/Latinx Native American Other (describe) _____

Preferred Language: English Spanish Arabic Polish Other: _____

Additional Languages: English Spanish Arabic Polish Other: _____

Religious/Spiritual Affiliation: Christian: Catholic _____ Jewish Muslim Hindu Buddhist Other:

Education Information: School: _____ District #: _____ Current Grade: _____

Child's Name: _____ Birth Date _____ / _____ Current Age: _____

Address _____ City, State, Zip _____

Phone number: _____ E-mail: _____

Cultural Background of child: : Multi-Racial (please check all that apply) African American Asian/Pacific Islander

Caucasian Hispanic/Latinx Native American Other (describe) _____

Preferred Language: English Spanish Arabic Polish Other: _____

Additional Languages: English Spanish Arabic Polish Other: _____

Religious/Spiritual Affiliation: Christian: Catholic _____ Jewish Muslim Hindu Buddhist Other: _____

Education Information: School: _____ District #: _____ Current Grade: _____

Household Information

Household Income Level:

- Under \$16,000
- \$16,001-\$21,000
- \$21,001-\$26,000
- \$26,001-\$31,000
- \$31,001-\$36,000
- \$36,001-\$41,000
- \$41,001-\$46,000
- \$46,001-\$51,000
- \$51,001-\$56,000
- \$56,001-\$58,000
- \$58,001-\$68,000
- Over \$68,000

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

- Free or reduced lunch
- SNAP
- Medicaid
- Other _____
- Unemployed
- Disability benefits
- SSI/SSDI
- No benefits received

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

- Free or reduced lunch
- SNAP
- Medicaid
- Other _____
- Unemployed
- Disability benefits
- SSI/SSDI
- No benefits received

Number of people in the household:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Other: _____

County: Cook DuPage Will Other: _____

Township: Lyons Proviso Oak Park Riverside Berwyn Other: _____

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): _____

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? _____

Please describe the relationship between the person who died and the family:

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.)

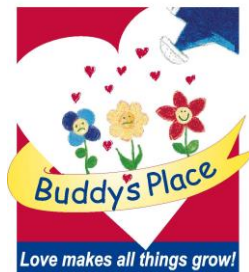
Have you or your family members received counseling for any other concerns? _____

What are your family's goals? _____

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

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



Additional children:

Child's Name: _____ Birth Date _____ / _____ Current Age: _____

Address _____ City, State, Zip _____

Phone number: _____ E-mail: _____

Cultural Background of child: : Multi-Racial (please check all that apply) African American Asian/Pacific Islander
 Caucasian Hispanic/Latinx Native American Other (describe) _____

Preferred Language: English Spanish Arabic Polish Other: _____

Additional Languages: English Spanish Arabic Polish Other: _____

Religious/Spiritual Affiliation: Christian: Catholic _____ Jewish Muslim Hindu Buddhist Other:

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Child's Name: _____ Birth Date _____ / _____ Current Age: _____

Address _____ City, State, Zip _____

Phone number: _____ E-mail: _____

Cultural Background of child: : Multi-Racial (please check all that apply) African American Asian/Pacific Islander
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