

# Buddy's Place

A Program for Bereaved Children and Their Families



## Program Registration Form

Date: \_\_\_\_\_

### Caregiver Information

Caregiver name: \_\_\_\_\_ Preferred pronouns: \_\_\_\_\_

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): \_\_\_\_\_ Preferred pronouns: \_\_\_\_\_

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 (first and last): \_\_\_\_\_ Preferred pronouns: \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ Current Age: \_\_\_\_\_ Phone/E-mail: \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**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 (first and last): \_\_\_\_\_ Preferred pronouns: \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ Current Age: \_\_\_\_\_ Phone/E-mail: \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**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 (first and last): \_\_\_\_\_ Preferred pronouns: \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ Current Age: \_\_\_\_\_ Phone/E-mail: \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**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: \_\_\_\_\_

(additional space for more family members on page 6 if needed)

**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.)*

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

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*Have you or your family members received counseling for any other concerns? \_\_\_\_\_*

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*What are your family's goals? \_\_\_\_\_*

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*Is there anything else we should know about your family? \_\_\_\_\_*

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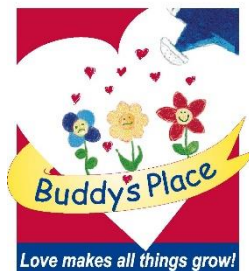
Thank you for your information. All information will be kept confidential.

We appreciate your returning this completed form to:

[mhalm@pchcares.org](mailto:mhalm@pchcares.org)

and/or by mail to:

Pillars Community Health c/o Buddy's Place  
6918 Windsor  
Berwyn, IL 60402



**Additional Family Members** *(Please use this page if needed)*

Caregiver/Child's Name: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ Current Age: \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cultural Background :  Multi-Racial (please check all that apply)  African American  Asian/Pacific Islander  
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Education Information: School: \_\_\_\_\_ District #: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Caregiver/Child's Name: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ Current Age: \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cultural Background :  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: \_\_\_\_\_

Caregiver/Child's Name: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ Current Age: \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cultural Background :  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: \_\_\_\_\_

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

Education Information: School: \_\_\_\_\_ District #: \_\_\_\_\_ Current Grade: \_\_\_\_\_