

# Buddy's Place



A Program for Bereaved Children and Their Families

## Program Registration Form

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

### Caregiver Information

Parent/Legal Guardian Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

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

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

Phone number: \_\_\_\_\_ (Home or Mobile) E-mail: \_\_\_\_\_

Active military, Veteran, or First Responder:  Yes

Background of caregiver:

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

Preferred Language:  English  Spanish  Arabic  Other: \_\_\_\_\_

Additional Languages:  English  Spanish  Arabic  Other: \_\_\_\_\_

Religious/Spiritual Affiliation:  Christian  Jewish  Muslim  None  Other: \_\_\_\_\_

Current Marital Status:  Single  Married/Remarried  Divorced  Widowed  Other: \_\_\_\_\_

Additional Caregiver name (optional): \_\_\_\_\_ Pronouns: \_\_\_\_\_

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

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

Phone number: \_\_\_\_\_ (Home or Mobile) E-mail: \_\_\_\_\_

Military or First Responder:  Yes

Background of caregiver:

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

Preferred Language:  English  Spanish  Arabic  Other: \_\_\_\_\_

Additional Languages:  English  Spanish  Arabic  Other: \_\_\_\_\_

Religious/Spiritual Affiliation:  Christian:  Catholic  \_\_\_\_\_  Jewish  Muslim  None  Other: \_\_\_\_\_

Current Marital Status:  Single  Married/Remarried  Divorced  Widowed  Other: \_\_\_\_\_

**Child(ren) Information**

Child's Name Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

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

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

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

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

White/Caucasian  Hispanic/Latinx  Native American  Other (describe) \_\_\_\_\_

Preferred Language:  English  Spanish  Arabic  Other: \_\_\_\_\_

Additional Languages:  English  Spanish  Arabic  Other: \_\_\_\_\_

Child's Name Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

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

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

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

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

White/Caucasian  Hispanic/Latinx  Native American  Other (describe) \_\_\_\_\_

Preferred Language:  English  Spanish  Arabic  Other: \_\_\_\_\_

Additional Languages:  English  Spanish  Arabic  Other: \_\_\_\_\_

Child's Name Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

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

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

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

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

White/Caucasian  Hispanic/Latinx  Native American  Other (describe) \_\_\_\_\_

Preferred Language:  English  Spanish  Arabic  Other: \_\_\_\_\_

Additional Languages:  English  Spanish  Arabic  Other: \_\_\_\_\_

(Additional space for more family members on page 7 if needed)

**Some questions about the loved one who died:**

Name (first & last) \_\_\_\_\_ Pronouns: \_\_\_\_\_ Birth date \_\_\_\_\_

Date of Death \_\_\_\_\_ Age at time of death \_\_\_\_\_

S/he/they was my/our \_\_\_\_\_ S/he/they was the children's \_\_\_\_\_

Death is considered (check all that apply):

- Accident
- Health/Illness related
- Suicide
- Drug related death/substance use
- Homicide:
- Other \_\_\_\_\_

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 memorial or burial (if applicable)?

Yes  No

Tell us about the funeral/memorial service: \_\_\_\_\_

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Is the school aware of the death?  Yes (please explain below)  No

How has the school system responded?

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

Yes (please describe below)  No

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Who are the supportive people you and your children talk to about the death and your grief? Please explain below.

Family  Friends of caregiver  Friends of children  School  Therapist or physician  Other

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

Yes (please describe below)  No

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What other deaths or losses has your family experienced, and the approximate date of these?

(friends, family members, pets, etc.)

Yes (please describe below)  No

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

Yes (please describe below)  No

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What are your family's goals in relation to attending Buddy's Place?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Household Information (for funding purposes)**

Household Income Level:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Under \$16,000    | <input type="checkbox"/> \$16,001-\$36,000 | <input type="checkbox"/> \$36,001-\$51,000   |
| <input type="checkbox"/> \$51,001-\$68,000 | <input type="checkbox"/> Over \$68,000     | <input type="checkbox"/> I decline to answer |

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

- |  |  |                                   |   |
|--|--|-----------------------------------|---|
| <input type="checkbox"/> Free or reduced lunch | <input type="checkbox"/> SNAP                | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Unemployed            | <input type="checkbox"/> Disability benefits | <input type="checkbox"/> SSI/SSDI | <input type="checkbox"/> No benefits received |

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

- |  |  |                                   |   |
|--|--|-----------------------------------|---|
| <input type="checkbox"/> Free or reduced lunch | <input type="checkbox"/> SNAP                | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Unemployed            | <input type="checkbox"/> Disability benefits | <input type="checkbox"/> SSI/SSDI | <input type="checkbox"/> No benefits received |

Number of people in the household:

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

County:  Cook    DuPage    Will    Kane    Other: \_\_\_\_\_

Township:  Lyons    Proviso    Oak Park    Riverside    Berwyn    Other: \_\_\_\_\_

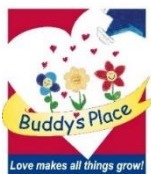
How did you hear about Buddy's Place? (Check all that apply and provide name is applicable)

- |   |   |
|---|---|
| <input type="checkbox"/> Brochure: _____                | <input type="checkbox"/> Family/Friend: _____         |
| <input type="checkbox"/> Social Media: _____            | <input type="checkbox"/> Newspaper/other media: _____ |
| <input type="checkbox"/> School: _____                  | <input type="checkbox"/> Counselor/Therapist: _____   |
| <input type="checkbox"/> Minister/Clergy: _____         | <input type="checkbox"/> Physician/Hospital: _____    |
| <input type="checkbox"/> Hospice: _____                 | <input type="checkbox"/> Funeral Home: _____          |
| <input type="checkbox"/> Other (please describe): _____ |   |

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

We appreciate your returning this completed form to:

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



**Description of Services**

Pillars Community Health's Buddy's Place program is a bereavement support program. Buddy's Place is comprised of our Monthly Gatherings and 8 Week Session. This program registration form is our general program registration form. After this form is received, you will begin to receive emails with links to register for the upcoming Monthly Gatherings and 8 Week Session. Please read this carefully and let us know if you have any questions.

2024: 8 Week Session Registration for is now open and can be accessed by clicking [HERE](#)

**Acknowledgements and Agreements**

I \_\_\_\_\_, hereby consent to participate in a bereavement support group provided by Pillars Community Health's Buddy's Place program with the following youth that I am the parent and/or legal guardian of (name/ages of the youth):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I acknowledge and understand the following:

1. That the purpose of these groups is to offer bereavement support to individuals (adults and youth ages 4-18) who are grieving the death of a significant person in their life.
2. That the following ground rules are important to create a safe and supportive environment
  - a) Practice confidentiality.
  - b) Show respect to others.
  - c) Share from your own perspective.
  - d) Allow others time to share.
  - e) If we are expecting you to attend and you are unable to make it please email us to let us know
3. Confidentiality:
  - a) Confidentiality is an important part of support groups, there are limits to what we can keep confidential. Statements about self-harm or harm to others will require us to break confidentiality to seek appropriate help. Your personal safety and health are a top priority.
  - b) We cannot guarantee your privacy, however, we expect members to practice confidentiality and to not share personal information or information that can identify a person outside of the group.
4. 8 Week Session - If you or a member of your family misses two sessions, you may be asked to attend the next 8 Week Session. Attendance is important for group cohesion and trust. Please let us know of any conflicts as soon as possible.

**Consent to Participation.**

By signing below and by participating in the virtual support groups, I am acknowledging and agreeing to the terms and conditions set herein.

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Adult Print Name                      Adult Signature                      Date

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

\_\_\_\_\_  
Caregiver/Child's Name (first and last): \_\_\_\_\_ Pronouns: \_\_\_\_\_

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

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

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

*Background of child or caregiver:*

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

Preferred Language:  English  Spanish  Arabic  Other: \_\_\_\_\_

Additional Languages:  English  Spanish  Arabic  Other: \_\_\_\_\_

\_\_\_\_\_  
Caregiver/Child's Name (first and last): \_\_\_\_\_ Pronouns: \_\_\_\_\_

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

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

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

*Background of child/caregiver:*

- Multi-Racial (please check all that apply)  Black/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: \_\_\_\_\_

\_\_\_\_\_  
Caregiver/Child's Name (first and last): \_\_\_\_\_ Pronouns: \_\_\_\_\_

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

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

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

*Cultural Background of child:*

- Multi-Racial (please check all that apply)  Black/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: \_\_\_\_\_