

Buddy's Place



A Program for Bereaved Children and Their Families

Program Registration Form

Date: _____

Caregiver Information

CL _____ BP _____ (internal use only)

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: _____

CL _____ BP _____ (internal use only)

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

CL _____ BP _____ (internal use only)

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: _____

CL _____ BP _____ (internal use only)

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: _____

CL _____ BP _____ (internal use only)

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 person 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/overdose
- Homicide
- Other _____

The specific 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: _____

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

How has the school system responded?

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

Yes (please describe below) No

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

Yes (please describe below) No

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

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

Yes (please describe below) No

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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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:

- Under \$16,000
- \$16,001-\$36,000
- \$36,001-\$51,000
- \$51,001-\$68,000
- Over \$68,000
- I decline to answer

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 Kane Other: _____

Township: Lyons Proviso Oak Park Riverside Berwyn Other: _____

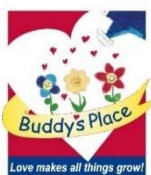
How did you hear about Buddy's Place? (Check all that apply and provide name is applicable)

- Brochure: _____
- Family/Friend: _____
- Social Media: _____
- Newspaper/other media: _____
- School: _____
- Counselor/Therapist: _____
- Minister/Clergy: _____
- Physician/Hospital: _____
- Medical examiner/coroner: _____
- Missing Pieces/HAP Foundation: _____
- Hospice: _____
- Funeral Home: _____
- 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



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.

Adult Print Name Adult Signature Date

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

CL _____ BP _____ *(internal use only)*

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: _____

CL _____ BP _____ *(internal use only)*

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: _____

CL _____ BP _____ *(internal use only)*

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: _____