



TEEN SUPPORT GROUP Enrollment Form

It is our mission to offer support to grieving families in a manner that is most beneficial for you. Because of this desire, we are asking you to complete this enrollment form as thoroughly as possible. Your answers are confidential. Thank you.

Your Name _____ **Sex** M F

Nickname, if any _____ **Age** _____

Name of Your School _____ **Current Grade in School** _____

Who will be attending the adult sessions?

First & Last Name	How is she/he related to you?	How is she/he related to the deceased?
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe your personality/hobbies/struggles/talents:

Names of brothers and sisters:	D.O.B	Age	Sex	Attending Support Groups?	
_____	_____	_____	_____	YES	NO
_____	_____	_____	_____	YES	NO
_____	_____	_____	_____	YES	NO
_____	_____	_____	_____	YES	NO

****Please update any contact information that has changed since attending last support group program**

Parent/Guardian's Name _____ Parent/Guardian's Name _____

How is he/she related to you? _____ How is he/she related to you? _____

How is he/she related to the deceased? _____ How is he/she related to the deceased? _____

Parent/Guardian Address _____

City/State/Zip _____

Do you live within St. Louis City Limits? YES NO **If not, in what county do you live?**

Your Phone (Home) _____ **(Work)** _____ **(Cell)** _____

Your E-Mail _____

Your Place of Employment: _____

Is Your Address the Same as Your Parent(s)/Guardian(s)? Yes No

If not, please provide your home address:

Address _____

City/State/Zip _____ Home Phone _____

Have you shown any of the following behaviors since your experience with this death?

Please fill in a number between 0 & 10 that equals how often the behavior occurs.

0 = never, 5 = sometimes, & 10 = very frequently

- | | | | |
|-----|--|-----|---|
| 1. | afraid of the dark | 16. | over eating |
| 2. | afraid to go to bed | 17. | loss of appetite |
| 3. | afraid of hospitals, physicians or their offices | 18. | bed wetting |
| 4. | repeated illnesses | 19. | cruelty to animals |
| 5. | attachment to parent or guardian | 20. | withdrawal from family |
| 6. | lowered school grades | 21. | withdrawal from friends |
| 7. | improved school grades | 22. | obsession with death |
| 8. | intense anger | 23. | change in sexual activity |
| 9. | nightmares | 24. | use of drugs |
| 10. | overprotective behavior towards others | 25. | use of alcohol |
| 11. | physical fighting | 26. | use of cigarettes |
| 12. | increased arguing | 27. | difficulty concentrating |
| 13. | hurtful behavior to self | 28. | over sleeping |
| 14. | hurtful behavior to others | 29. | difficulty sleeping |
| 15. | destruction of property | 30. | participation in risk-taking activities |

Please add details about any of the behaviors listed above, especially, hurtful to self or others, destruction of property, cruelty to animals, use of drugs, alcohol or cigarettes, & fighting.

Any recent changes in environment or household?

A move	Yes	No	Separation/Divorce/Remarriages	Yes	No
New school	Yes	No	New caregivers	Yes	No
New job	Yes	No	New responsibilities at home	Yes	No

Please add details to any changes marked "yes".

Is there any additional information we should know?

What do you hope to gain from attending the support groups?

Do you have any condition requiring regular medication? Yes No
If yes, please complete the information below.

Medication	Reason for Medication
_____	_____
_____	_____
_____	_____

Please share any social, emotional, physical or psychological struggles/challenges/limitations that you are experiencing now or in the past.

Have you experienced the death of anyone else significant since attending the last Annie's Hope program? Yes No If yes, please complete the following:

Background information on the deceased individual(s).

Full Name _____

How is the deceased person related to this Child? She/He is her/his _____

Date of Birth _____ Date of Death _____

Former Place of Employment (if applicable):

Nature of the Death: please check all that are applicable

- | | | | |
|---------------|---------|-------------|------------------------------|
| Short illness | Murder | HeartAttack | Accident |
| Long Illness | Suicide | Cancer | Other (please explain below) |

Please give a brief account of the death.

Was an accurate, honest explanation of the death provided for you? Yes No
If not, what explanation was given to you?

Do you have any allergies? Yes No
If yes, please list below:

Are you allergic or fearful of dogs? Yes No

Can you have snacks? Yes No

Do you have any dietary restrictions? Yes No
If yes, please list below:

Can you participate in outside activities? Yes No

To raise money for our programs, Annie's Hope applies for grant money from foundations and corporations. To do so, we need answers to the following questions. Please remember your answers are strictly confidential and optional.

Do you qualify for a free or reduced school lunch program? Yes No I DON'T KNOW

Does your family receive ADC, SSI (Supplemental Security Income) or Food Stamps? Yes No
I DON'T KNOW

Do you belong to an organized religion? Yes No
If so, please name the religion: _____

Please check your race/ethnic background (check as many as needed):
African-American Caucasian Hispanic Asian
Native American Indian Other _____

Do you have insurance coverage? Yes No I DON'T KNOW
If yes, -is it Medicaid? Yes No I DON'T KNOW
Does it include mental health coverage? Yes No I DON'T KNOW

TEENAGERS SIGNATURE!! _____ **Date** _____
Signature of Parent/Guardian _____ **Date** _____
Signature of Director/Facilitator _____ **Date** _____

P.S. Please remember to include your parent/guardian's section.

PLEASE MAIL OR FAX THE COMPLETED FORMS BACK TO:

Annie's Hope 314-918-1438 (Fax)
1333 W. Lockwood, Ste. 104 forms.annieshope@gmail.com
Glendale, MO 63122

For any questions or concerns, please contact our office at 314-965-5015.

REVISED 12-15-11

STOP!

This page is for your parent/guardian to complete

Teenager's name: _____

Who is completing this form for the teen? _____

How are you related to the deceased? _____

Please describe your teen's personality/hobbies/talents:

In your opinion, has your teenager shown any of the following behaviors since experiencing this death?

Please fill in a number between 0 & 10 that equals how often the behavior occurs.

0 = never, 5 = sometimes, & 10 = very frequently

- | | | | |
|-----|--|-----|---|
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Please add details about any of the behaviors listed above, especially, hurtful to self or others, destruction of property, cruelty to animals, use of drugs, alcohol or cigarettes, changes in sexual activity, & fighting.

If your teenager has a professional counselor/therapist, may we contact him/her to discuss your teen's needs? YES NO Name & Phone Number: _____



PHOTOGRAPHIC RELEASE

Teenager Group

In an effort to increase awareness in the community about Annie's Hope and to raise money to support our programs and services, we ask that you allow Annie's Hope staff or volunteers to take pictures of your child. The pictures may be used in our newsletter, on our web site, in our brochure, in slideshows, or in any other way that helps us to let the public know about Annie's Hope.

I, _____, hereby
parent/guardian

authorize *Annie's Hope* to take photographs, film, audiotapes, and
videotapes of my child, _____, and
teenager's name

to use them in newspapers, publications, and presentations.

Annie's Hope may use these such items and information in whatever way
the organization considers proper and desirable.

Date: _____

Signature of parent or legal guardian:

Phone number: _____

REVISED 8-10-06