



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 _____

Date of Birth _____ **Age** _____ **Age at the time of the loved one's death** _____

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

Your 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 address:** _____

Parent/Guardian(s) Name **How is she/he related to you?** **How is she/he related to the deceased?**

Parent(s)/Guardian(s) Cell _____

Parent(s)/Guardian(s) E-Mail address _____

Parent/Guardian's Place of Employment _____

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

If Not, What is Their Address?

City/State/Zip _____

Phone: (Home) _____ **(Work)** _____

Please describe your personality/hobbies/talents:

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

Background information on the deceased individual(s).

Full Name _____

How is the deceased person related to you? She/He is my _____.

Date of Birth _____ Date of Death _____

Former Place of Employment (if applicable):

Nature of the Death: please check all that are applicable

Short illness Accident Suicide Cancer
 Long illness Murder Heart Attack Other

Please tell us the story of the death.

Was an accurate, honest explanation of the death provided for you?

Yes No

If not, what explanation was given to you?

Is this the first experience with death for you? Yes No

If no, please briefly explain all losses by death:

What other losses have you experienced? For ex. abandonment, divorce, moving, break up, jail time, etc.

Who told you about the loved one's death and how was it done? What was your reaction?

Please briefly state your religious affiliation, if any, and state what religious or spiritual beliefs were used to explain this death to you.

Did you get to say goodbye? Yes No
If yes, in what way?

Did you attend the funeral? Yes No

Did you plan or participate in the funeral/memorial service/shiva?
Yes No
If yes, in what way?

Did you view the deceased? Yes No
If yes, what was your reaction?

Have you ever lost a pet through death? Yes No
If yes, what was your reaction and how was the death handled by other family members?

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 of the members of the household other than the deceased? (separation, divorce, additional members, etc.)

Any recent changes in environment? (move, new school, new job, caregivers, etc.)

How have the responsibilities at home changed for you since the death occurred?

Is there any additional information we should know?

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

Have you ever received professional counseling? Yes No
When and with whom?

Do you take any medications for depression, anxiety, Bipolar Disease, Attention Deficit Hyperactivity Disorder (A.D.H.D.) or A.D.D.? Yes No
If yes, please list the medications below:

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

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:



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: _____

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