



Located at the Boys and Girls Clubs Fox Valley - 600 Racine Street, Menasha, WI 54952

Erin Hollister, Director - 920-750-5839

Please email this completed form to the Center of Grieving Children Director at ehollister@bgclubfoxvalley.org

FAMILY INTAKE QUESTIONNAIRE

Today's Date _____ How did you hear about the program? _____

QUESTIONS ABOUT FAMILY MEMBERS LIVING WITH CHILDREN/TEENS:

Parent/Guardian's Name _____

Home Phone _____

Address _____

City/State/Zip _____

E-mail _____

How was the deceased related to the child/children?

other: _____

How was the deceased related to you?

other: _____

PLEASE LIST ALL children & teens:

Name: _____ Age: _____ Birthdate: _____ Grade: _____ School: _____

Questions below are for the purpose of gathering demographic data for United Way funding only. In no way do answers impact your services.

Number of adults in home these ages:

19 to 21 _____ 22 to 39 _____ 40 to 59 _____ 60 to 79 _____ 80 and older _____

Family Income, estimated per year

Family Race:

_____ Black/African American _____ White/Caucasian _____ Asian

_____ American Indian/ Alaskan Native _____ Native Hawaiian/Pacific Islander

_____ Multiple Races _____ Unknown

Family Ethnicity: Hispanic _____ Hmong _____

OPTIONAL: Family Religious Affiliation _____ Deceased's Religious Affiliation

QUESTIONS ABOUT THE PERSON WHO DIED:

Full Name _____ Age _____

Birthdate: _____ Date of Death _____

Died at: home

Cause of death: _____

How were the children told and by whom? _____

Were the children told everything about the death? YES NO

If not, what have they not been told and why? _____

Did the children attend the funeral &/ or burial? YES NO

Do the kids have questions or comments about the funeral / burial /cremation? YES NO

Has your child's school been notified? YES NO

Is the school system providing any support? YES NO

Is your child or any family member receiving any formal bereavement support with individual or group counseling? _____

Name/agency: _____

Who are the supportive people you and your children talk to about the death and your grief?

What other deaths has your child/teen experienced and approximate date? (Friends, grandparents, other family members, pets, etc.)

What other changes have you and your child/teen experienced (moved, changed schools, jobs, etc.)?

What is your biggest worry right now?

**CONFIDENTIALITY AND YOUR RIGHT TO PRIVACY
and
EXCEPTIONS TO PRIVACY**

Our work with you and your family at the Center for Grieving Children is confidential. Information shared with the staff, volunteers, and other participants is private. Your right to privacy will be strictly maintained. There are, however, some important exceptions to privacy which are explained on the back.

Please review the seven exceptions to privacy before signing below.

In signing this document, I acknowledge that I have had the opportunity to ask questions about the Center's Confidentiality Policy. I have read and understand the "Confidentiality Rights to Privacy and Exceptions to Privacy" information. I fully understand and accept my rights to privacy and the exceptions to privacy.

Today's Date _____

Names of Adults, Children, Teens

Signature of each person who will be attending group

Thank you

Exceptions to Privacy / Confidentiality

Exception # 1: Wisconsin law requires our staff to report to the appropriate government agency any suspected physical, sexual, or emotional abuse or neglect. Sexual abuse includes youth under 18 involved in sexual activity.

Exception # 2: If we learn that someone with whom we are working has a specific intent to bring harm to himself/herself, we reserve the right to inform other family members.

Exception # 3: If we have reason to be concerned about the drug and/or alcohol abuse by a child or teen, we reserve the right to inform the parent.

Exception # 4: If information is ordered by the court, or a financial audit, we will attempt to contact you about the order. If you oppose the release, the court may nevertheless require compliance with the order.

Exception # 5: If we learn that someone participating in the program might commit a violent act, we may take steps to protect the intended victim against such danger or inform police, or both.

Exception # 6: The rights and exceptions to privacy apply to information disclosed in support groups. All group members are encouraged to keep such information confidential, but the Center cannot guarantee this.

Exception # 7: At times, the Center uses case examples of children or teens and their families in publishing journal articles, conducting professional training, and in fundraising efforts. We may anonymously refer to your situation in those circumstances. Your child, teen, or family's complete name will never be used without your specific written approval.



PHOTO RELEASE FORM

To communicate The Center for Grieving Children's mission and message we often want to use quotations, stories, artwork and other artistic expressions of the children and teens for display boards, brochures, newsletters, lectures or trainings. Sometimes individual or group pictures of children and teens are on display around The Center.

The last name and identifying information about the individual is not spoken nor printed. To train volunteer facilitators and staff the children, teen, and adult groups may be recorded or videotaped.

YES We GIVE our permission to the above uses of pictures, photos, artwork, quotations, stories, recordings and video.

NO We do NOT give our permission to any of the above.

Today's Date _____

Print names of Adults, Children, Teens

Signature of the parent or guardian

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