Adult Information Form

Each family member is required to complete an individual paperwork packet.

Consultation Date:_____

Welcome!

We're glad you found your way to Gabby's Grief Center. At Gabby's Grief Center, we acknowledge that some questions may be uncomfortable to ask or answer due to the sensitive nature of the information. The reason we request this information is to provide excellent care for our grieving families and serve our community effectively.

We always want Gabby's to be accessible and welcoming. Tracking this information helps us do that and keep our services at no cost to the families we serve.

If you have any questions or concerns, please contact Gabby's Grief Center at 734-242-8773 or email us at: info@gabbysgriefcenter.org.

Please complete the information below about yourself:

Name: (First, Middle, Last):_____

Street Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____

Please provide the following information about the person who died:

Full Name: _____ Date of Birth:_____

Date of Death:_____ Age When the Death occurred:_____

Cause of Death: _____ Was an Autopsy Performed (Circle): YES NO

What does the autopsy list as the cause of death: _____

Employer (if employed outside of home): _____

Family Information: Please list all other adults and youth in your home.

Name	Age	Gender	Race/Ethnicity	School	Requesting Services	Relationship to Deceased

Additional family members:

_____

_____

Please list any medications, allergies, and medical conditions for you:

_____

_____

_____

_____

If applicable, please share more about you/your family's race, ethnicity, and/or tribal affiliations:

_____

_____

_____

Are any youth currently in or have they been in foster care? Please explain. (Circle) YES NO

_____

_____

Share any physical, mental, emotional, health-related, or other illnesses affecting you/your family:

	Physical	Mental	Emotional	Health	Other
You					
Your Family					

Please include anything that could impact the support group you'll be joining:

_____

_____

List other support opportunities (Therapy, Legal, CPS, different groups, etc.) you participate in:

_____

_____

_____

_____

How did you find out about Gabby's Grief Center?

_____

_____

_____

_____

We look forward to discussing group options and creating a plan specifically for you.

Everyone who participates in Gabby's Grief Center will receive an individualized plan tailored to their specific needs and circumstances. We recognize each death loss is individual to the personal relationship. Gabby's Grief Center believes that death impacts every area of life, and additional recommendations may be made to participate in our Social Wellness opportunities for connection and support for grievers by grievers.

Please complete the information below:

Our funders often ask what families experience specifically at Gabby's Grief Center before starting peer-to-peer support groups.

Please indicate below what applies to you.

Please rate your experience, with one (1) indicating no to little impact on your life and 10 indicating a significant disruption to your daily functioning.

Fill in any additional experiences if not listed.

Increased Sadness: Yes / No Rate:_____ Increased Anxiety: Yes/ No Rate:_____

Sleep Disruption: Yes / No Rate:_____ Adult Academic Disruption: Yes / No Rate:_____

Family's Income Before Death (Circle): $0-$24,999 $25,000 - $49,999 $50,000 - $99,999 over $100,000

Family's Income After Death (Circle): $0-$24,999 $25,000 - $49,999 $50,000 - $99,999 over $100,000

Is your family eligible for Medicaid (Circle)? YES NO

Other symptoms you would like Gabby's Grief Center to know about you:

_____

_____

_____

Would you like to connect with a Grief Services Coordinator for additional resources?: YES / NO

If so, what resources may be helpful to you?

_____

Please review and sign below:

By signing these forms, I acknowledge that I authorize Gabby's Grief Center to provide peer-to-peer support to the individual listed on this form.

X_____ _____

Participant Signature **Date**

X_____ _____

Gabby's Grief Center Signature **Date**

ADULT AGREEMENT FORM

Before completing and signing the agreement form, please read the following:

a. “Adult Information Packet”
b. “Your rights to privacy and seven exceptions to privacy” (included in this packet).

Participants agree to the following:

1. I understand that Gabby’s Grief Center offers support groups, which are distinct from therapy or counseling. This is not therapy or counseling.
2. I agree to attend our group regularly.
3. I agree to call Gabby’s Grief Center if I am unable to attend.
4. I agree to adhere to the boundaries of the peer-to-peer support group.
5. I have read and understand the “Adult Information Packet”.
6. I agree to abide by the guidelines of Gabby’s Grief Center.
7. In signing this document (please initial):

_____ I acknowledge I have had the opportunity to ask questions about Gabby’s Grief Center’s Confidentiality Policy.

____ I read and understand the “Rights to Privacy and Seven Exceptions to Privacy” information.

____ I fully understand and accept my privacy rights

____ I acknowledge I was provided and agree to the seven exceptions to privacy

X_____ _____
Participant Signature **Date**

X_____ _____
Gabby’s Grief Center Signature **Date**

For Office Use Only:

Appointment Meeting Date: ____-_____-_____ Time:_____:_____ am/pm
** To be filled out by staff at the time of scheduling** Staff:_____

Your privacy rights and seven exceptions to your privacy rights.

Please keep this sheet for your records!

Our work with you and/or your family at Gabby's Grief Center is confidential. Information shared with the staff, volunteers, and other participants is private. Your privacy rights will be strictly maintained. There are, however, some important exceptions to privacy, which are provided below. We retain minimal paperwork, including attendance records, family questionnaires, consent forms, and legal documentation. You have a right to access this file. To do so, please contact us at 734-242-8773.

Exception #1: It is required that our staff report any suspected or actual physical, sexual, or emotional abuse or neglect to the appropriate government agency.

Exception #2: If we learn that someone with whom we are working has a specific intent to harm themselves, we are required to, and will, inform other family members and may make appropriate referrals if necessary.

Exception #3: If we have reason to be concerned about the drug and/or alcohol abuse or use by a child or teen, we reserve the right to inform their parent or legal guardian. If we suspect a participating adult is using drugs and/or alcohol before a group, we reserve the right to speak to the adult.

Exception #4: If information is ordered by the court, including a subpoena, we are required to comply.

Exception #5: If we learn that someone participating in the program intends to commit a violent act, we are required to and will take steps to protect the intended victim against such danger.

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 Gabby's Grief Center cannot guarantee they will do so. Staff and volunteers will keep such information confidential.

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

**** Reminder to provide the document to the participant****