Youth 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 (for each youth under the age of 18):

Parent/Caregiver Name: _____

Relationship to Youth: _____

Youth Primary Address: _____

Parent/Caregiver Primary Contact Phone: _____

Parent/Caregiver Primary Email Address: _____

Parent/Caregiver Employer: _____

Youth's Current School: _____

If there are multiple households, please list other household information under "Additional Contacts" at the end of this form.

Please provide the following information about the person who died:

Full Name: _____ Date of Birth:_____

Date of Death:_____ Youth's 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 family members, other adults, and children in the primary address:

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

Additional family members:

_____

_____

YOUTH ADDITIONAL HOUSEHOLD:

Family Information: Please list all family members, other adults, and children in the secondary household:

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

Please list medications, allergies, and medical conditions for your youth:

_____

_____

_____

_____

If applicable, please share more about your or 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 your youth/your family:

	Physical	Mental	Emotional	Health	Other
Youth					
Your Family					

Please include anything that could impact the support group your youth may be joining:

_____

_____

List other support opportunities (Therapy, Legal, CPS, School-Based Groups, Mentorship, Other Groups, etc.) that your youth participates in:

_____

_____

How did you hear 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 about the experiences of families, specifically those at Gabby's Grief Center, before they start peer-to-peer support groups. Please indicate below what applies to your household.

Please rate your experience, with one (1) indicating no to little impact on your youth's life and 10 indicating a significant disruption to your youth's 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: _____ **Youth 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 your youth:

_____

_____

_____

Describe any other changes/grief stressors in your youth's life. ***(e.g., divorce, illness, moves)***

_____

_____

Have you noticed a change in the youth's friendships or peer relationships (Circle)? YES NO

If yes, please specify:

_____

_____

Would you like to connect with a Grief Services Coordinator for additional resources? (Circle): YES NO
If so, what resources might be helpful to your youth or your family?

_____

Please complete the information below and sign:

Gabby's Grief Center requires that an adult accompany child participants or remain on Gabby's premises at all times. We strongly prefer that the adult be the child's parent or legal guardian. However, we also respect varying family constellations and needs. Please list any additional adults who may transport your child to/from the group and supervise them in our building.

Name: _____ Relationship:_____
Phone:_____

Name: _____ Relationship:_____
Phone:_____

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.

_____ _____
Legal Adult/Caregiver Signature **Date**

_____ _____
Gabby's Grief Center Staff Signature **Date**

YOUTH AGREEMENT FORM

Before completing and signing the agreement form, please read and discuss the following with all members of the family who want to participate in Gabby's Grief Center:

A. "Youth Information Packet"
B. "Your rights to privacy and seven exceptions to privacy" (included in this packet).

Participants Agree to the Following:

1. We understand that Gabby's Grief Center offers support groups, not therapy or counseling.
2. We agree to attend our group regularly.
3. We agree to call Gabby's Grief Center when we are unable to participate in our group.
4. We understand that if we miss more than three group sessions without calling, we may be closed from the group so another family can participate.
5. We agree that a child or teen attending a group must always be accompanied and supervised by a parent or another adult.
6. We always agree to have a parent or another adult remain at Gabby's Grief Center while the child or teen is in a group.
7. We understand that adults have the option to participate in the adult support group if offered.
8. We have read and understand the "Youth Information Packet". We agree to abide by the guidelines of Gabby's Grief Center.
9. In signing this document, we acknowledge that we have had the opportunity to ask questions about Gabby's Grief Center's Confidentiality Policy. We have read and understand the "Rights to Privacy and Seven Exceptions to Privacy" information. We fully understand and accept our right to privacy, as well as the seven exceptions to this right, which are listed on the back of this page.

_____ _____

Legal Adult/Caregiver Signature **Date**

_____ _____

Gabby's Grief Center Staff Signature **Date**

Gabby's Grief Center Youth Attendance Policy

At Gabby's Grief Center, we believe that **showing up matters**—for healing, connection, and trust. Consistent attendance helps children and teens build strong bonds and maximize their experience.

What You Need to Know:

- **Up to 3 Absences Allowed**
  Each child or teen may miss up to **three sessions** during a program cycle. This includes support groups, workshops, and camps.

- **Please Let Us Know If You'll Miss**
  If your child will miss a session, email or call us ahead of time if possible. Communication helps us check in and offer support if needed.

- **What Happens If You Miss More Than 3 Times?**
  If your child misses more than three sessions, a member of our team will connect with you. Together, we'll talk about:

    - How your child is feeling about the group.
    - Whether this is the right time for participation.
    - Any extra support we can offer.

- **Late Arrivals & Early Pickups**
  We understand things happen! If your child arrives more than 15 minutes late or leaves early, it may count as a partial absence. Please let us know if anything unexpected arises.

- **Struggling to Attend? We're Here.**
  Grief is hard. If getting to sessions is tough—emotionally or logistically—please reach out. We want to work with you and make this as supportive and manageable as possible.

_____ _____

Legal Adult/Caregiver Signature **Date**

_____ _____

Gabby's Grief Center Staff Signature **Date**

Your Rights to Privacy and Seven Exceptions to Privacy
Please keep this sheet for your records.

Our work with you and your family at Gabby's Grief Center 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 confidentiality, which are explained below. We keep minimal paperwork, including attendance records, family questionnaires, consent forms, and any other relevant legal documentation. You have a right to access this file. To do so, submit your request to info@gabbysgriefcenter.org.

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 bring harm to 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; however, Gabby's Grief Center cannot guarantee that 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, along with their families, in publishing journal articles, conducting professional training, and 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.

_____ _____

Legal Adult/Caregiver Signature **Date**

_____ _____

Gabby's Grief Center Staff Signature **Date**