DEATH LOSS ADULT SUPPORT GROUP ENROLLMENT FORM

OFFICE USE ONLY

DATE RECEIVED

DATES CONTACTED

NOTES

The LightHouse for New Hope
P.O. Box 851030
Mesquite, TX. 75185-1030
972-226-3110
Fax 972-226-0764

DATE: _____

NAME: _____

ADDRESS: _____

CITY, STATE_____**ZIP CODE**_____

PHONE CONTACT: _____

EMERGENCY CONTACT: _____**PHONE:**_____

EMAIL ADDRESS: _____

CONFIDENTIAL INFORMATION

PLEASE INDICATE THE TYPE OF LOSS AND HOW LONG AGO THE LOSS OCCURRED

Death of Spouse: ____How long were you married? _____ How long since the death? Months ____Years_____

Death of a Child:_____How old was child at time of death?_____ How long since the death? Months ____Years_____

Death of friend or other family member: _____ How long since the death? Months ____ Years _____

Other Losses:_____ How long ago? Months ____ Years _____

PLEASE INDICATE ANY CONCERNS OR DIFFICULTIES YOU MAYBE HAVING IN THESE AREAS

Difficult Sleeping _____ Weight Loss _____ Suicidal Thoughts _____

Loss of Appetite _____ General Health _____ Depression_____

Other

HOW DID YOU FIND OUT ABOUT THE LIGHTHOUSE FOR NEW HOPE?

Friend ____ Courts ____ Internet ____ Funeral Home (name)_____

Church ____ School ____ Brochure ____ Therapist(name)_____

Agency(name)_____ Drove By Center _____

Other

THE INFORMATION LISTED BELOW IS USED FOR APPLYING FOR GRANT FUNDING

ETHNICITY

White/Caucasian ____ Black ____ Hispanic ____ Asian _____ American Indian ____Bi-Racial ____ Other _____

INCOME

Below $10,000 ____ $10,000 - $25,000 ____ $26,000 - $50,000 ____ $51,000 - $75,000 ____ Over $75,000 ____

ANY ADDITIONAL INFORMATION THAT YOU MIGHT FEEL THAT WOULD BE HELPFUL PUT ON BACK OF FORM