

YOUNG ADULT GRIEF GROUP REGISTRATION

(Young Adults 19-25 years of age)

Name _____ Date of Birth _____

With whom do you live? _____

Race: American Indian/Alaska Native Asian Black/African American Hispanic/Latino
 Native Hawaiian/Other Pacific Islander White

Income Level: \$22,350 or below \$22,351-\$49,999 \$50,000-\$99,999 \$100,000 or above

Address _____ City _____

State _____ County _____ Zip _____

Home phone _____ Work Phone _____

Pager/Cell _____ Email Address _____

Employer _____ Occupation _____

Name of deceased person: _____

Date of death _____ Age _____

Relationship _____

Cause of death: Cancer Terminal Illness Heart Attack Automobile Accident
 Suicide Homicide Drug Related Accidental/Other _____

Reasons, hopes and/or expectations for coming to Calm Waters _____

Do you have family/friends with whom you can talk? Yes No

Do you attend any other support groups? Yes No

If yes, which ones? _____

Have you moved recently? Yes No

Have there been any other changes in your environment (school, work, home)? If yes, please explain:

Do you currently use alcohol or drugs? Yes No
 If yes, please explain: _____

Are you on any medications? Yes No
 If yes, indicate medication: _____

Have you exhibited any physical symptoms/illness in the last year? Yes No
 If yes, please explain: _____

What are your hobbies/interests? _____

Have you received counseling within the last year? Yes No

Counselor's Name: _____ Telephone: _____

Is there any additional information we should have about you? _____

My family's been able to talk about the loss/loved one:
 Strongly Agree Agree Disagree Strongly Disagree

I have a clear understanding of how my family's changed:
 Strongly Agree Agree Disagree Strongly Disagree

I am comfortable expressing my feelings about the loss:
 Strongly Agree Agree Disagree Strongly Disagree

How did you hear about Calm Waters? Radio TV Newspaper Internet Church Friend
 Therapist Attorney/Judge School Counselor Social Worker Other _____

Participation Consent Form

My signature below indicates that I have read and understand the information concerning confidentiality and description of services and my consent is given for services to be provided to me.

Description of Services: I understand that Calm Waters does not provide counseling, but is a program that provides emotional support while working through the natural grieving process. I am also aware that the group facilitators are trained volunteers and not professional counselors. Calm Waters provides a training course that each facilitator is required to attend. It is my understanding that the Calm Waters program is for children, families and young adults whose lives have been changed by death, divorce or other major life disruptions. During the support groups, discussions may include background information, talking about areas of my life that may cause me emotional pain, all for the purpose of trying to develop new and effective methods of coping with problem areas in my life.

Confidentiality: All services rendered and all information obtained is kept confidential by Calm Waters staff and cannot be released without your permission. You need to know however, that there are special situations under which confidential information could be revealed such as:

1. A “Duty to Warn” and “Duty to Protect” ethic requires Calm Waters staff & facilitators to break confidentiality when a danger exists to a group participant, their family, others, or property.
2. Under very special circumstances, the court may subpoena a participant’s records, and may order our staff to give testimony during a court hearing. **

Participation: I hereby agree to participate in the Calm Waters program.
(Please print)

Signature

(Date)

Printed Name



4334 NW Expressway Suite 101 | Oklahoma City | OK 73116 | T: 405.841.4800

United Way of Central Oklahoma
| F:405.841.4803 | www.calmwaters.org