## Registering for Grief Support Groups Online





**3** Enter the information of the person planning to attend group.

Grief Support Group Registration	*Required
Please fill out a new form for each person (child will attend group. You will need to reserve your each week. Please check your email upon subr further information about this process.	l or adult) who spot for group nission for
Legal Name of Person Registering*	
MIDDLE	
LAST*	
Preferred Name	

(i) Fill out all fields with the red asterisk (\*). If you wish not to provide the information, please say N/A or select the "does not apply" option.

Do not put any commas in the annual family income box

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	Married/Casado ~
	Annual Family Income*
	\$ 1000.00
	Military Service*
	Select v
	Do you use tobacco or tobacco products? (If registering your child for the student support group program, please click "Does not apply")/¿Consume tabaco o productos de tabaco? (Si
	Select
	Active Duty Military/Militar en servicio activo
	Veteran/Veterano
	Military Dependent/Dependiente militar
	None apply/Ninguno aplica

Ability to cop	e with char	ige*		
0			-0-	
Poor	Fair	Average	Good	Excellent
Performance	at school o	or work*		
0		0	-0-	
Poor	Fair	Average	Good	Excellent
Overall, how emotional he	would you alth?*	rate you or you	ur child's m	ental or
Overall, how emotional he	would you alth?*	rate you or you	ur child's m	ental or
Overall, how emotional he Poor	would you alth?* Fair	Average	ur child's m  Good	ental or  Excellent



7 Click "YES" u 🅼 mla Submit Intake × Are you ready to submit this intake form? YES NO Overall, how would you rate you or your child's mental or emotional health?\* 0-0-0-0 Poor Fair Average Good Excellent I'm not a robot

**9** Success! You have successfully submitted your application for services.

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Success! You have successfully submitted your application for services.

Click here to load a new form.

Thank you for registering for the Grief Support Group. Please check your email for additional information about attendir a support group. Before the group night you will receive an email about reserving your spot via sign-up genius. Please complete this link prior to coming to group so we know who to expect. If you have any questions in the meantime please call Becca Olsson, Program Coordinator, at (405) 841-4800, or email at becca@calmwaters.org.

10 Click "Click here" if you intend you register additional adults or children for support groups.

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Success! You have successfully submitted your application for services.

Click here to load a new form.

Thank you for registering for the Grief Support Group. Please check your email for additional information about attendir a support group. Before the group night you will receive an email about reserving your spot via sign-up genius. Please complete this link prior to coming to group so we know who to expect. If you have any questions in the meantime please call Becca Olsson, Program Coordinator, at (405) 841-4800, or email at becca@calmwaters.org.

## **11** Fill out additional forms with the information of each additional person planning to attend groups.

Grief Support Group *Required Registration
Please fill out a new form for each person (child or adult) who will attend group. You will need to reserve your spot for group each week. Please check your email upon submission for further information about this process.
Legal Name of Person Registering*
LAST*
Preferred Name

- 12 Check your email for a message from <u>no-reply@socialsolutions.com</u> with the subject "Welcome to Calm Waters Grief Support Group" Check your spam folder if this does not arrive.
- **13** Email <u>becca@calmwaters.org</u> with any questions or concerns.