

HEALING PATCH

A Children's Grief Program

Individual Child Application

Name of person filling out this form: _____ Date: _____

Your relationship with this child? _____

Child's full name: _____

Name child wants to be called: _____

Date of Birth: _____

Child's Gender*

- Female
- Male
- Transgender
- Non-binary/non-conforming
- Prefer to self-describe: _____
- Prefer not to respond

Child's Race* (Select one or more.)

- White
- Black
- American Indian
- Asian
- Pacific Islander
- Prefer to self-describe: _____
- Prefer not to respond

Child's Ethnicity*

Hispanic/Latino Y / N

Name of School: _____

Is child attending school regularly? Y / N

Does child have any chronic conditions? Y / N *If yes, what condition?*

Is child taking any medication? Y / N *If yes, what medication?*

Child's interests or hobbies: _____

Did child attend the funeral? Y / N Did child view the deceased? Y / N

If yes, what was their reaction? _____

Is this the first direct experience the child has had with death? Y / N

If no, please list:

Name	Relationship to Child	Date of Death
_____	_____	_____
_____	_____	_____

(More Questions on Back)

Has child received any professional counseling? Y / N

If yes, when? _____ by whom? _____

For how long? _____

Is child still receiving professional counseling? Y / N

Has child exhibited any of the following behaviors since the death? (Please mark all those that apply.)

- Afraid to go to sleep
- Nightmares
- Bed-wetting
- Fighting with peers
- Fighting with adults/parents
- Destructive behavior
- Isolated at Home
- Isolated at School
- Complaints of pain/illness

- Increased anger
- Clinging to a parent/guardian
- Difficulty with school/work
- Cruelty to animals
- Using drugs/alcohol
- Refuses to talk about death
- Reluctant to sleep away from home
- Lack of energy/depressed

Please explain how the child indicates that they are still grieving: _____

Are there any other changes/stressors in child's life? (i.e. illness, divorce, relocation, etc.)

What are your expectations of the *Healing Patch*? _____

Please note anything else we should know about child or circumstances of the death: _____

**This information is requested for inclusion on grant applications and reports.*