



FAMILY RETREAT APPLICATION

Please print clearly in blue or black ink.

Contact Person for Family

Address

City State Zip

Family Name Date Email Address

Phone (Home) (Work) (Cell)

Names & Ages of Family Members Attending:

Name	Age	T-Shirt Size

We want to attend Family Retreat because _____ died.

Cause of death _____

Place of death _____ Date of death _____

How do you think Family Retreat will benefit your family? _____

Has there been any significant difference in grief reactions among family members that have caused problems or concerns?

If yes, please explain. _____

Has any family member received professional support? (i.e. psychologist, psychiatrist, clergy, school counselor, etc.)

If yes, please list family member, therapist, agency, and length of services. _____

Have there been multiple deaths of loved ones experienced by your family?

If yes, please list those loved ones, when they died, and the nature their death. (Also include pets if necessary.)

Are there any other changes/stressors in your family's life? (i.e. divorce, illness, relocation, trauma, friend/family moving out of the area, changing schools, involvement with the legal system)

If yes, please list stressors and when they occurred. _____

Please list any special dietary needs for family members _____

How did you hear about Good Grief Family Retreat? _____

I would like information on scholarship opportunities.

RETURN COMPLETED APPLICATION ALONG WITH \$25 FEE TO:

Good Grief Family Retreat | Hospice of Huntington | 1101 6th Avenue | Huntington, WV 25701



*"Life goes on even
when it seems like the
world should
stop turning."
- Ryan, age 13*

*"I learned that it is
normal what I am
going through."
- Matt, age 14*

*"Meeting new
people to talk to
makes me feel better."
- Chloe, age 9*