



Hope's Road Getting to Know You Form:

Hello! Hope's Road is honored that you'll be joining us for an upcoming grief event or support. We would like to learn more about you and the youth(s) in your life so we can provide thoughtful and individualized support while ensuring you feel cared for.

Please complete the information below for each child who will be participating in an event or support. We know your time is valuable, and we appreciate you taking the time to complete this information.

A member of the Hope's Road team will reach out to you by phone to introduce ourselves to you after you complete this form and answer questions you may have.

Please call the Hope's Road team **724-898-0125** for assistance in completing this information or for other support you may need.

1st Youth Demographic Information:

- Name:
- Address:
- DOB:
- School Name (or homeschooled) and Grade Level:

Name of Primary Legal Guardian for Youth:

- Relationship to child:
- Address:
- Phone number:
- E-mail Address:
- Is the primary adult(s) interested in receiving mailed or email invites to Hope's Road events and with grief related information? ___ Yes OR ___ No If yes, is postal mail or e-mail preferred?
- How often would you like the Hope's Road team to check-in with you by phone and/or your youth for grief support? If you would not like check-in calls, please write N/A:
- If check-calls are not preferred, how should we communicate upcoming events and support reminders? Please specify your preference:
___ Phone invite
___ E-mail
___ Postal mailings



- How did you hear about the Hope's program or the event? (Examples: online search, electronic board, newspaper, Facebook, through a school, organization, or referral from a friend or doctor's office, etc)

Name of Youth's Second Legal Guardian (if applicable) for emergencies OR emergency contact:

- Relationship to child:
- Address:
- Phone number:
- E-mail Address:

Youth's Grief Story

- Name of deceased and relationship to the youth(s):
- If comfortable sharing, when did the person pass away and how did the youth's special person pass away?
- Present or past grief support:
- Please share grief related emotions/behaviors the child or teen may be experiencing: (sadness, worry, changes with sleep/eating habits, withdrawn, behavioral regression, frustration, etc)
- Would you like resources or supportive materials for your youth?
Examples: materials on grief and developmental stages, coping skill information, children's books, grief and prayer/faith materials, activity packets for emotional expression, grief comfort kit, etc.
- If applicable, share further information surrounding the young individual's grief experience and share any recent challenges while grieving:

Youth Psychosocial Information:

- Hobbies/Interests:
- Family and or youth's religious or spiritual affiliation: (Hope's Road is rooted in the Christian faith while being open to all faiths and backgrounds.)
- If comfortable sharing, does the child or teen have an IEP, 504B, or other support plan and do they have support from a therapeutic support staff or other professionals at home, school, or in the community? ___ Yes, please explain supports:
OR ___ No
- Has your child been diagnosed with medical or psychological conditions?
- Does your youth now or in the past receive counseling or therapy? ___ Yes, please explain for how long and reason for support:



OR ___ No

- Has your child/teen experienced suicidal/homicidal ideation or made homicidal/suicide attempts now or in the past? ___ Yes, please explain:
OR ___ No
- Medications:
- Allergies:
- Are there physical needs to consider? ___ Yes, please explain:
OR ___ No
- Are there additional emotional needs to consider? ___ Yes, please explain:
OR ___ No
- Are there other factors the team should be aware of that may impact the child's attendance at a grief event?
- Other comments/factors about the youth's life for the team to be aware of:
(Examples: additional issues related to their grief, major changes, moves, things that help them feel comfortable in new situations, behavioral challenges, etc.)

Adult Grief Check-In

- If applicable, how are the primary adult(s) managing in their grief and are they interested in Good Samaritan Hospice Adult Bereavement Supports? Examples: adult grief support groups, mailings, phone check-ins, adult grief events, journals, and grief informational materials.
Please explain:

Hope's Road Care Correspondence

- Hope's Road checks in with you and invites you to events by phone, mail, or e-mail depending on your preferred communication for approximately 2 years. After this time, we will either call you, mail, or e-mail you depending on your contact preference and ask if you'd like to continue to be contacted by Hope's Road if we haven't heard from you in a while. Are you agreeable to this? ___ Yes OR ___ No, please explain:
- What questions do you have for the Hope's Road team?
- There are spaces for 3 young individuals' information on this document. Do you have more than 3 youth attending? (If so, we'll provide additional forms for you when we reach you by phone.) ___ Yes OR ___ No



****Only complete the next section if you have additional children/teenagers attending the event. If not, please stop here. A Hope's Road team member will be in touch to introduce ourselves to you. We're privileged to walk alongside you on your grief journey****

2nd Youth Participant Hope's Road Getting to Know You Form:

2nd Youth Demographic Information:

- Name:
- Address:
- DOB:
- School Name (or homeschooled) and Grade Level:

Name of Primary Legal Guardian for Youth:

- Relationship to child:
- Address:
- Phone number:
- E-mail Address:
- Is the primary adult(s) interested in receiving mailed or email invites to Hope's Road events and with grief related information? ___ Yes OR ___ No If yes, is postal mail or e-mail preferred?
- How often would you like the Hope's Road team to check-in with you by phone and/or your youth for grief support? If you would not like check-in calls, please write N/A:
- If check-calls are not preferred, how should we communicate upcoming events and support reminders? Please specify your preference:
___ Phone invite
___ E-mail
___ Postal mailings
- How did you hear about the Hope's program or the event? (Examples: online search, electronic board, newspaper, Facebook, via a school, organization, referral from a friend or doctor's office, etc)

Name of Youth's Second Legal Guardian (if applicable) for emergencies OR emergency contact:

- Relationship to child:
- Address:
- Phone number:
- E-mail Address:



Youth's Grief Story

- Name of deceased and relationship to the youth(s):
- If comfortable sharing, when did the person pass away and how did the youth's special person pass away?
- Present or past grief support:
- Please share grief related emotions/behaviors the child or teen may be experiencing (sadness, worry, changes with sleep/eating habits, withdrawn, behavioral regression, frustration, etc)
- Would you like resources or supportive materials for your youth?
Examples: materials on grief and developmental stages, coping skill information, children's books, grief and prayer/faith materials, activity packets for emotional expression, grief comfort kit, etc.
- Share further information surrounding the young individual's grief experience if applicable and share any recent challenges:

Youth Psychosocial Information:

- Hobbies/Interests:
- Family and or youth's religious or spiritual affiliation: (Hope's Road is rooted in the Christian faith while being open to all faiths and backgrounds.)
- If comfortable sharing, does the child or teen have an IEP, 504B, or other support plan and do they have support from a therapeutic support staff or other professionals at home, school, or in the community? ___ Yes, please explain supports:
Or ___ No
- Has your child been diagnosed with medical or psychological conditions?

- Does your youth now or in the past receive counseling or therapy? ___ Yes, please explain for how long and reason for support:
OR ___ No
- Has your child/teen experienced suicidal ideation or made suicide attempts now or in the past? ___ Yes, please explain:
OR ___ No
- Medications:
- Allergies:
- Are there physical needs to consider? ___ Yes, please explain:
OR ___ No
- Are there additional emotional needs to consider? ___ Yes, please explain:
OR ___ No



- Are there other factors the team should be aware of that may impact the child's attendance at a grief event?
- Other comments/factors about the youth's life for the team to be aware of: (Examples: additional issues related to their grief, major changes, moves, things that help them feel comfortable in new situations, behavioral challenges, etc.)

Adult Grief Check-In

- If applicable, how are the primary adult(s) managing in their grief and are they interested in Good Samaritan Hospice Adult Bereavement Supports? Examples: adult grief support groups, mailings, phone check-ins, adult grief events, journals, and grief informational materials.

Please explain:

Hope's Road Care Correspondence

- Hope's Road checks in with you and invites you to events by phone, mail, or e-mail depending on your preferred communication for approximately 2 years. After this time, we will either call you, mail, or e-mail you depending on your contact preference and ask if you'd like to continue to be contacted by Hope's Road if we haven't heard from you in awhile. Are you agreeable to this? ___ Yes OR ___ No, please explain:
- What questions do you have for the Hope's Road team?
- There are spaces for 3 young individuals' information on this document. Do you have more than 3 youth attending? If so, we'll provide additional forms to you when we reach you by phone. ___ Yes OR ___ No

Hope's Road Care Correspondence

- Hope's Road checks in with you and invites you to events by phone, mail, or e-mail depending on your preferred communication for approximately 2 years. After this time, we will either call you, mail, or e-mail you depending your contact preference and ask if you'd like to continue to be contacted by Hope's Road if we haven't heard from you in awhile. Are you agreeable to this? ___ Yes OR ___ No, please explain:



- What questions do you have for the Hope's Road team?

****Only complete the next section if you have additional children attending the event. If not, please stop here. A Hope's Road team member will be in touch to introduce ourselves to you. We're privileged to walk alongside you on your grief journey****

3rd Hope's Road Getting to Know You Form:

3rd Youth Demographic Information:

- Name:
- Address:
- DOB:
- School Name (or homeschooled) and Grade Level:

Name of Primary Legal Guardian for Youth:

- Relationship to child:
- Address:
- Phone number:
- E-mail Address:
- Is the primary adult(s) interested in receiving mailed or email invites to Hope's Road events and with grief related information? ___ Yes OR ___ No If yes, is postal mail or e-mail preferred?
- How often would you like the Hope's Road team to check-in with you by phone and/or your youth for grief support? If you would not like check-in calls, please write N/A:
- If check-calls are not preferred, how should we communicate upcoming events and support reminders? Please specify your preference:
___ Phone invite
___ E-mail
___ Postal mailings
- How did you hear about the Hope's program or the event? (Examples: online search, electronic board, newspaper, Facebook, via a school, organization, referral from a friend or doctor's office, etc)

Name of Youth's Second Legal Guardian (if applicable) for emergencies OR emergency contact:

- Relationship to child:
- Address:



- Phone number:
- E-mail Address:

Youth's Grief Story

- Name of deceased and relationship to the youth(s):
- If comfortable sharing, when did the person pass away and how did the youth's special person pass away?
- Present or past grief support:
- Please share grief related emotions/behaviors the child or teen may be experiencing (sadness, worry, changes with sleep/eating habits, withdrawn, behavioral regression, frustration, etc)
- Would you like resources or supportive materials for your youth?
Examples: materials on grief and developmental stages, coping skill information, children's books, grief and prayer/faith materials, activity packets for emotional expression, grief comfort kit, etc.
- Share further information surrounding the young individual's grief experience if applicable and share any recent challenges:

Youth Psychosocial Information:

- Hobbies/Interests:
- Family and or youth's religious or spiritual affiliation: (Hope's Road is rooted in the Christian faith while being open to all faiths and backgrounds.)
- If comfortable sharing, does the child or teen have an IEP, 504B, or other support plan and do they have support from a therapeutic support staff or other professionals at home, school, or in the community? ___ Yes, please explain supports:
OR ___ No
- Has your child been diagnosed with medical or psychological conditions?
- Does your youth now or in the past receive counseling or therapy? ___ Yes, please explain for how long and reason for support:
OR ___ No
- Has your child/teen experienced suicidal ideation or made suicide attempts now or in the past? ___ Yes, please explain:
OR ___ No
- Medications:
- Allergies:
- Are there physical needs to consider? ___ Yes, please explain:
OR ___ No



- Are there additional emotional needs to consider? ____ Yes, please explain:
OR ____ No
- Are there other factors the team should be aware of that may impact the child's attendance at a grief event?
- Other comments/factors about the youth's life for the team to be aware of:
(Examples: additional issues related to their grief, major changes, moves, things that help them feel comfortable in new situations, behavioral challenges, etc.)

Hope's Road Care Correspondence

- Hope's Road checks in with you and invites you to events by phone, mail, or e-mail depending on your preferred communication for approximately 2 years. After this time, we will either call you, mail, or e-mail you depending on your contact preference and ask if you'd like to continue to be contacted by Hope's Road if we haven't heard from you in a while. Are you agreeable to this? ____ Yes OR ____ No, please explain:

- What questions do you have for the Hope's Road team?

**** If you have more than 3 children or teens attending, then a Hope's Road team member will reach out to provide an additional form. A Hope's Road team member will be in touch to introduce ourselves to you. We're privileged to walk alongside you on your grief journey****