

GRIEF GROUP REGISTRATION

Oklahoma City, Monday Night Grief Support
 Edmond Tuesday Night Grief Support

Parent or Guardian **MUST** attend sessions with their children

Name: _____

(Check One) Mother Father Grandmother Grandfather Aunt Uncle Other

If other, please explain: _____

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 of deceased to child(ren) _____

Relationship of deceased to parent/guardian _____

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

Name(s) of Child(ren)	Gender	Age	Birthdate	Race	Grade	Name of School
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Do any of the children listed above feel that the death is their fault? Yes No

If yes, please list names below:

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

How was the death explained to the child(ren)? _____

Did the child(ren) attend the funeral? Yes No

Did the child(ren) view the body? Yes No

Do you freely discuss the deceased person and death with the child(ren)? Yes No

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

Do you and/ or the child(ren) attend any other support groups? Yes No

If yes, which ones? _____

Has/have the child(ren) lost any other loved ones (including friends & pets)? Yes No

If yes, please indicate the relationship and date of loss: _____

Has your family moved recently OR Have there been any changes in the child(ren)'s environment (school, work,home) ? Yes No

If yes, please explain: _____

Has/have the child(ren) used alcohol or drugs? Yes No

If yes, please explain: _____

Has/have the child(ren) exhibited any physical symptoms/illness? Yes No

If yes, please explain: _____

Has/have the child(ren) developed fears or anxieties that were not present before the death? Yes No

If yes, please explain: _____

Is/Are the child(ren) on any medication? Yes No

If yes, indicate medication: _____

What are the child(ren)'s hobbies/interests? _____

Has/have the child(ren) received counseling? Yes No

Counselor's Name: _____ Telephone: _____

1. Where did you hear about Calm Waters? _____

Please rate from 1 to 5 with 1 being the lowest level:

2. You anticipated level of safety and comfort your child will feel in a group setting: 1 2 3 4 5

3. Your child's ability to cope with the loss currently: 1 2 3 4 5

4. Your child's current ability to talk about the loss and loved one: 1 2 3 4 5

5. Your child's current acceptance of life and death: 1 2 3 4 5

6. How well your child understands how common their situation is: 1 2 3 4 5



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 myself and my child (or children) who is (are) not of legal age. My signature also indicates that I have read and agree to comply with **GUIDELINES FOR FAMILIES AND RULES FOR PARTICIPATION.**

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. It is my understanding that the Calm Waters program is for children and families whose lives have been changed by death or divorce. During the support groups, discussions may include background information and talking about areas of my life that may cause me and/or my child(ren) emotional pain, all for the purpose of trying to develop new and effective methods of coping with problem areas in my (or my child's) life.

Confidentiality: All services rendered and all information obtained is kept confidential by Calm Waters staff and cannot be released without permission. However, that there are special situations under which confidential information could be revealed such as a "Duty to Warn" and "Duty to Protect" ethic which requires Calm Waters staff & facilitators to break confidentiality when a danger exists to a group participant, their family, others, or property.

Participation: I give permission for my child(ren) listed below, to participate in the Calm Waters program. **I understand that a parent or guardian must participate in the support program with my child(ren).** I further understand that I am responsible for my child(ren)'s behavior while at Calm Waters and that if his/her behavior becomes inappropriate, we may be asked to leave the program. If this decision becomes necessary, it is at the discretion of the Calm Waters staff.

(Please print)

Child's Name	Child's Name	Child's Name	Child's Name
*Parent or Legal Guardian (Signature) (Date)	(Date)	*Parent or Legal Guardian (Signature)	

*** In the case of joint custody or when custody has not yet been determined, both parents must give written consent ***

**** Calm Waters does not provide therapy, nor keep records concerning group sessions. Attendance records are kept for one year only ****

Calm Waters Agency Promotional Consent

Calm Waters is a nonprofit agency, providing free services to you and your children. Our programs are provided through contributions made by individuals, corporations, foundations, and fundraising events. In order to continue to help other families going through a death or divorce, we need your help in telling our story.

I hereby grant Calm Waters, its nominees and agents permission to use and publish for purposes of advertising, promotion, and for such uses as it may determine, information and reproduction of me and my children, photographic or otherwise, our voices, stories, statements, artwork, or creative writing related to the assistance we have received from Calm Waters, with or without identification of me or my children by name.

I understand that our likeness, voices, stories, artwork, creative writing and/or statements could be used in or on, but not restricted to, social media, traditional media, pamphlets, posters, billboards, booklets, brochures, radio or television advertising, promotional videos, slide presentations and other forms of printed, video or audio material. I waive any right to prior approval for use associated with the matters covered by this consent. I further waive any claim for compensation of any kind or nature for the use of the matters covered by this consent.

I hereby affirm that my participation is completely voluntary and I have been in no way required or coerced to make public statements expressing gratitude to the agency. I understand that the agency will consider itself released from the responsibility to maintain confidentiality regarding only the information I may disclose to the public about my relationship with the agency. Any other information released by the agency will require an additional Release of Information form signed by me.

Date: _____

Consent Granted

Consent Declined

Names of children: _____

 Parent or Legal Guardian Name (printed)

 Parent or Legal Guardian Signature



INFORMATION & GUIDELINES FOR FAMILIES

Welcome!

1. Calm Waters is a support center for children and families whose lives have been changed by death or divorce. Calm Waters **does not provide counseling**, but is a program that provides emotional support while working through the natural grieving process. Our mission is to teach healthy coping skills to children young adults and their families and provide a secure environment where they can safely express feelings of grief and loss, thus facilitating the process of healing. Calm Waters is:
 - A safe harbor in a storm
 - A place to share with others who are also experiencing loss
 - A place of understanding and growth
 - A place to begin rebuilding
2. Calm Waters is of the belief that every child, young adult, and family member deserves the opportunity to grieve in a supportive and understanding environment. Our society often fails to understand the needs of a child who is separated from a loved one through death or divorce. Based on these beliefs, the principles of Calm Waters are:
 - Grief is the natural reaction to the loss of a loved one through death or divorce
 - Children experience grief and loss in a different way than adults
 - Within each individual is the capacity to heal one's self
 - The duration and intensity of grief are unique for each individual
 - Caring and acceptance are important parts to the healing process
3. Calm Waters addresses issues directly related to death or divorce. The topics are presented in ways that are appropriate for each age group.
4. Calm Waters support groups are broken down by age, because children and adults have differing abilities to understand and express feelings of loss. Our program has groups for young children, ages 3-4; ages 5-7; ages 8-10; preteens, teens and young adults 19-25. Our children's groups consist of a sharing time and a time for play activities. The language of play helps young children to express their emotions and feelings.

While children meet in their support groups, parents gather to share their own concerns and feelings. Trained volunteers facilitate all groups. Calm Waters facilitators support and encourage the adults by providing information about how children grieve and how parents can help their children and each other through the painful process.
5. Children and adults respond to grief and loss in a variety of ways. The difficult feelings of grief may sometimes precipitate a crisis in a family (i.e. suicidal feelings, drug and alcohol abuse). Calm Waters recognizes that often a family may need more than support in processing their grief. The Calm Waters staff can refer you to counselors and other support groups in the area. The Calm Waters staff can assist you at this time in finding the emergency services that you need to guide you through this crisis. Please don't hesitate to contact us whenever you need referral information

6. Calm Waters' staff is available to discuss with you their impressions of your children in a general manner, but we consider what is spoken in the group time, member-to-member and member-to-volunteer facilitator or staff as confidential. Confidentiality is based upon our basic right of privacy and it is an important obligation for us to honor and assure the ongoing success of the support groups. The policy of confidentiality about the private information of your lives is strictly maintained except in cases of:

EXCEPTION 1: Suicidal expression

EXCEPTION 2: Physical, mental, sexual abuse

EXCEPTION 3: If we have reason to be concerned about the drug and alcohol use/abuse by a child, we reserve the right to inform the parent.

EXCEPTION 4: If the court subpoenas information, we will make an attempt to contact you about this order. If you oppose the release, a court may nevertheless require compliance with the order. General records kept by Calm Waters personnel include registration and attendance only.

EXCEPTION 5: If we learn that someone participating at Calm Waters might commit an act of violence or become a victim of violence, such as "a child or an adult is being abused," we **WILL** take steps to protect the intended victim against such danger by contacting DHS and/or law enforcement if necessary.

If a family wants more specific feedback and evaluation of a child's grieving adjustment process, we recommend a professional evaluation by a therapist.

7. We view the issues of drug and alcohol abuse as counter-productive to the expression of grief and we believe that these issues need to be addressed professionally before grief work can proceed.

8. We offer a certificate of completion at the end of the support sessions, however, because of the importance of continuity of the groups at Calm Waters, and out of consideration for people on the waiting list, we ask that if a family misses more than **two sessions** in a row, without notification, that they return to the waiting list. The certificate of completion will not be issued to any family member who has not attended at least six sessions. It is the responsibility of the participant to notify Calm Waters if they are unable to attend their group session. (Please do not drop off your children; an adult **must** accompany the children to each group night).

9. Parents are responsible for their children at Calm Waters. Since the group time is limited, we ask that you feed your children prior to the beginning of group and allow them to use the restroom.

10. A parent or a facilitator must be with children when they are outside. No child is allowed to leave the building unaccompanied.

11. Calm Waters is a family program. Children attend children's support groups accompanied by a family member or guardian who attends the adult support group at the same time. **Children are not able to attend groups without a responsible adult. Adults who attend must have a child attending groups.**

12. In order to maintain the confidentiality and integrity of the groups, we ask that you not bring additional family members or friends to the group.