

Kids Helping Kids



General Intake Information



Hospice Support Care
Fredericksburg Virginia



The following form is for a family to complete to begin the intake process for

Kids Helping Kids

Please mail completed forms to:

Hospice Support Care
Children/Teen Bereavement
1701 Fall Hill Ave Suite 109
Fredericksburg, VA 22401

The *Children's Bereavement Coordinator* will call you to schedule an intake meeting.

For questions, please call (540) 361-7071.



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GENERAL INTAKE INFORMATION

The following information is provided for the sole use of Hospice Support Care. All personal information is kept strictly confidential. *Some information may be used for statistical purposes, grant funding requests, and grant reporting.

Parent/Guardian's Name(s) Last: _____ First: _____ Relationship: _____

Parent/Guardian's Name(s) Last: _____ First: _____ Relationship: _____

Address: _____ *City: _____ *State: _____

Zip: _____ *County: _____

Home Phone: _____ Work: _____ Cell: _____

Preferred number (circle one): Home / Work / Cell Best time to call: _____ AM / PM

Can we leave a message at this number: Yes / No Email address: _____

Please list the names of the child/children who will be participating in the program: (If there are more than 3 children participating in the program, please print additional forms, complete this section only and attach.)

1. _____ *Male ____ *Female ____

Date of Birth: _____ *Age: _____ Grade: _____ *Ethnicity: _____

2. _____ *Male ____ *Female ____

Date of Birth: _____ *Age: _____ Grade: _____ *Ethnicity: _____

3. _____ *Male ____ *Female ____

Date of Birth: _____ *Age: _____ Grade: _____ *Ethnicity: _____

Deceased's Last Name: _____ First Name: _____

Relationship to child/children participating in program: _____

Deceased's date of birth: ___/___/___ Date of death: ___/___/___ Age at death: _____

Cause of death: _____

Length of illness and/or hospitalization (if applicable): _____