

BEREAVEMENT REFERRAL FORM

Referral date:

Email: intake@griefcentre.org

Family Consents to Referral Yes

Note: you must click "yes" to consent to referral to submit this form. All form fields highlighted in yellow are required.

REFERRER INFORMATION:

Name of Referrer:	Referrer's Relationship to Client: <input type="checkbox"/> Self <input type="checkbox"/> Family/Friend <input type="checkbox"/> Social Worker/Counselor <input type="checkbox"/> Healthcare Professional <input type="checkbox"/> Teacher <input type="checkbox"/> Other
Contact details:	Referring Organization (if any):
Where did you hear about the Centre? Please Specify:	

FAMILY INFORMATION (complete all appropriate boxes):

Name of Parent/Primary Caregiver 1		Address (incl postal code):
Relationship to child(ren):	Date of birth: mm/dd/yyyy	Preferred phone: ----- EMAIL
Name of Parent/Primary Caregiver 2		Address (incl postal code):
Relationship to child(ren):	Date of birth: mm/dd/yyyy	Preferred phone: ----- EMAIL

Name of deceased:	Gender:	Relationship to Children: <input type="checkbox"/> Deceased
Date of birth: mm/dd/yyyy	Date of death: mm/dd/yyyy	Cause of death:

CHILDREN'S INFORMATION

Full name of child/ren referred for services (including last name)	Age	Date of Birth mm/dd/yyyy	Relationship to deceased (child, step-child, sibling, etc...)	Aware of death?	Aware of cause of death?
			If other, please specify:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ?
			If other, please specify:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ?
			If other, please specify:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ?
			If other, please specify:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ?

Other adults involved with child/ren	Relationship to child	Lives with child?	Aware of death?	Aware of cause?
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ?
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ?
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ?
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ?

What does the child currently understand about the death?

Is there any language or wording that has been used or avoided when speaking about the death?

Have there been any other recent or significant changes in the child's family, school or home environment?

Is there anything else you would like us to know?

Are there any custody issues that we need to be aware of? Please specify:

WE ASK BECAUSE WE CARE

We are collecting information from clients to find out who we serve and what unique needs our clients have. **YOU DO NOT HAVE TO ANSWER ALL THE QUESTIONS:** these are voluntary and you can choose “prefer not to answer” to any or all of the questions. This will not affect your care. This information will be visible only to our clinical team, and protected like all your other health information. If used in research, this information will be combined with data from all other clients and no one will be able to identify you.

1. What language do you feel most comfortable speaking? Check ONE only.

- | | | | |
|---|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Greek | <input type="checkbox"/> Russian | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Hindi | <input type="checkbox"/> Serbian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Slovak | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Chinese (Cantonese) | <input type="checkbox"/> Italian | <input type="checkbox"/> Somali | |
| <input type="checkbox"/> Chinese (Mandarin) | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Nepali | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> English | <input type="checkbox"/> Polish | <input type="checkbox"/> Tamil | |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Turkish | |
| <input type="checkbox"/> French | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Ukrainian | |

2. Were you born in Canada? Yes No Do Not Know Prefer Not to Answer

If NO, what year did you arrive in Canada?

3. Which of the following best describes your racial or ethnic group?

- | | | |
|--|--|---|
| <input type="checkbox"/> Asian - East (e.g. Chinese, Japanese, Korean) | <input type="checkbox"/> First Nations | <input type="checkbox"/> White - North American (i.e. Canadian, American) |
| <input type="checkbox"/> Asian - South (e.g. Indian, Pakistani, Sri Lankan) | <input type="checkbox"/> Indian - Caribbean (e.g. Guyanese with origins in India) | <input type="checkbox"/> Mixed Heritage (please specify): |
| <input type="checkbox"/> Asian - South East (e.g. Malaysian, Filipino, Vietnamese) | <input type="checkbox"/> Indigenous/Aboriginal | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Black - African (e.g. Ghanaian, Kenyan, Somali) | <input type="checkbox"/> Inuit | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Black - Caribbean (e.g. Barbadian, Jamaican) | <input type="checkbox"/> Latin American (e.g. Argentinian, Chilean, Salvadoran) | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Black - North American (e.g. Canadian, American) | <input type="checkbox"/> Metis | |
| | <input type="checkbox"/> Middle Eastern (e.g. Egyptian, Iranian, Lebanese) | |
| | <input type="checkbox"/> White - European (e.g. English, Italian, Portuguese, Russian) | |

4. What is your religious or spiritual affiliation?

- | | | |
|---|--|--|
| <input type="checkbox"/> Christian Orthodox | <input type="checkbox"/> Confucianism | <input type="checkbox"/> Unitarianism |
| <input type="checkbox"/> Protestant | <input type="checkbox"/> Hinduism | <input type="checkbox"/> Pagan |
| <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Jainism | <input type="checkbox"/> Zoroastrianism |
| <input type="checkbox"/> Christian (not represented elsewhere on this list) | <input type="checkbox"/> Judaism | <input type="checkbox"/> I do not have religious or spiritual affiliations |
| <input type="checkbox"/> Animism or Shamism | <input type="checkbox"/> Islam | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Atheism | <input type="checkbox"/> Native Spirituality | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Baha'i Faith | <input type="checkbox"/> Rastafarianism | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Sikhism | |
| | <input type="checkbox"/> Spiritual | |

5. What type of housing do you live in?

- | | |
|--|--|
| <input type="checkbox"/> Renting Home | <input type="checkbox"/> Shelter/Hostel |
| <input type="checkbox"/> Ownhome | <input type="checkbox"/> Supportive Housing |
| <input type="checkbox"/> Boarding home | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Correctional facility | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Do not know |
| <input type="checkbox"/> Group Home | |

6. What was your total family income before taxes last year?

- \$0 - \$19,999
- \$20,000 - \$29,999
- \$30,000-\$39,999
- \$40,000-\$49,999
- \$50,000 - \$59,999
- \$60,000 or more
- Do not know
- Prefer not to answer

7. How many people does this income support?

_ Person(s) Do Not Know Prefer Not to Answer

8. How would you describe your current family composition?

Check ALL that apply:

- Two-Parent Family
- Single Parent Family
- Blended Family
- Adoptive Family
- Multigenerational family (i.e. living with grandparents)
- Children living in Kinship care (i.e. family members other than parents)
- Children living in Foster care