



## Grief Support Group Registration

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

### **Information about the Deceased**

Name of Deceased \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Date of Death \_\_\_\_\_ Age at Death \_\_\_\_\_ Place of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_

Was the person who died a hospice patient? Yes  No

If yes, please give the name of the hospice \_\_\_\_\_

Have you experienced any other losses in the past year? \_\_\_\_\_

Where did you hear about these groups? \_\_\_\_\_

### **I am interested in knowing more about or attending the:**

- Sudden Loss Group - BOULDER
- Trail Walking/Hiking Group – BOULDER
- Spouse/Partner Loss Support Group – BOULDER
- Daytime Grief Support Group - BROOMFIELD
- Facing the Mourning – LITTLETON
- Book Circle – LOVELAND
- Spouse/Partner Loss Support Group – NORTHGLENN
- Other \_\_\_\_\_

### **Please send completed application to the following:**

[griefsupport@vnacolorado.org](mailto:griefsupport@vnacolorado.org)  
Fax: 303-394-0871 or 970-535-0871

Grief Services staff will contact you with the dates of the next group and to schedule a phone intake upon receipt of your registration. If you have any questions, please call Halcyon at Colorado VNA Grief Services at **720-325-2987**.

*\*\*Information included on this form is protected by the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 and will remain confidential between the applicant and group facilitators and will not be shared with the group without specific permission.*