



Grief Support Group Application

In order to attend a support group, you must commit to a minimum of six of the eight sessions. Each attendee must be pre-registered, and registrations are made on a first-come, first-served basis. A maximum of 10 persons will be allowed per group. The group is designed for a loss that has occurred more than 3 months ago but less than 2 years ago.

IMPORTANT: After receiving this form, the group facilitator will contact you with further information and to confirm your registration. Groups may be cancelled due to insufficient number of registrants. You will be notified either way.

Group Name: _____

Date/Time: _____ **Location:** _____

Please provide the following information about yourself:

Name: _____ **Age:** _____

Telephone: (Home) _____ **(Work)** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Are you currently receiving counseling or psychiatric care? Circle one: Yes No

If yes, what is your counselor/therapist's name? _____

(We would not contact this person without your permission.)

Please provide the following information about the person who died:

Was your loved one a hospice patient? Circle one: Yes No

Name: _____ **Relationship:** _____

Date of Death: _____ **Age at Death:** _____ **Cause of Death:** _____

Please list any other significant losses in your life: _____

Do you have friends, family or other loved ones who are supportive? Circle one: Yes No

How did you hear about our Grief Support Groups? _____

Please send completed form to: Capital Hospice – Point of Hope
2900 Telestar Ct.
Falls Church, VA 22042