

Intake Questionnaire
(Must include Notice of Privacy Practices)



General Information:

Date: _____

Name of Parent(s)/Guardian(s): **Birth Date (MM/DD/YY):**

(For Office Use Only)

_____ M F ____/____/____
 _____ M F ____/____/____

INT	PROG	GRP	COU	REF	INITIAL

Address: _____

City: _____ **Zip:** _____ **County:** _____

Main Contact Number: _____ **Email:** _____

(For Office Use Only)

Name(s) of Children: **Birth Date (MM/DD/YY):**

_____ M F ____/____/____
 _____ M F ____/____/____
 _____ M F ____/____/____
 _____ M F ____/____/____
 _____ M F ____/____/____

INT	PROG	GRP	COU	REF	INITIAL

Emergency Contact:

Name: _____

Phone: _____

Who has legal custody of the child(ren)? _____

Do any of the following apply?

_____ Joint Custody _____ Sole Custody _____ Temporary Guardianship _____ Other

****PLEASE NOTE: If there are any court orders in effect regarding the children, our staff will need to review them prior to the initial appointment. Please fax all documentation to (210) 832-8919.**

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In what ways do you hope your family will benefit from coming to the Children's Bereavement Center? (PLEASE CHECK ALL THAT APPLY)

- To give our children a safe place to grieve
- To help our children understand grief
- For our children to meet other kids who have suffered a similar loss
- To help our family with children's emotional problems
- To help our family with behavioral problems
- To prevent future emotional or behavioral problems
- To help adults cope

What other programs or therapy have you tried? (PLEASE CHECK ALL THAT APPLY)

- School Counselor
- Pastoral Counselor
- Private Counselor
- Psychiatrist
- Psychologist
- Other: _____

Who recommended you to the Children's Bereavement Center? (PLEASE CHECK ALL THAT APPLY)

- Therapist/Counselor
- Friend/Acquaintance
- Teacher or School Counselor
- Doctor or other medical professional
- Clergy
- Other: _____

Demographic Information:

Do any of the following apply to anyone in your household?

Active Duty Military YES NO

Veteran YES NO

Military Dependent YES NO

Annual Family Income: (CHECK ONE):

- 0-\$20,000
- \$20,001-\$30,000
- \$30,001-\$35,000
- \$35,001-\$50,000
- \$50,001 and over

Ethnicity: (CHECK ONE):

- Asian/Pacific Islander
- Biracial/Multiracial
- Black/African American
- Caucasian/Anglo American
- Hispanic/Latin
- Native American

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About the Deceased:

Name of the person who died: _____ Date of Death: _____

Relationship to Children: _____ Birth Date (If Known): _____ Age: _____

Cause of Death: _____

Did the children witness the incident? Yes No

Were the children physically hurt from the incident? If yes, how? Yes No

Was anyone else physically hurt from the incident? If yes, how? Yes No

What have the children been told or not told about the death?

What type of funeral and/or burial were chosen? _____

Did the children attend? Yes No If not, why not? _____

Has anyone else close to the children died? Yes No If so, who? _____

Family Religious Preference: _____

Are there any special beliefs you would like for us to know about?

Trauma History:

Please describe any other significant traumatic events (divorce, moving, pet death, hospitalization, car accident, abuse). When did this occur? How was your child/children affected?

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Education:

List children's names	Grade	School Attending	Spec. Ed./IEP/504 services
1.			
2.			
3.			
4.			

Mental Health History:

Is your child seeing a counselor or therapist?

List children's names	No	Yes	If yes, whom? And why?
1.			
2.			
3.			
4.			

Is your child taking any medication?

List children's names	No	Yes	Please list name of medication and purpose
1.			
2.			
3.			
4.			

Has your child ever been hospitalized?

List children's names	No	Yes	If yes, when and for how long?
1.			
2.			
3.			
4.			

Please give us any other information that will help us work with your children/family:

Therapist notes:

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Participation Consent Form

By signing this form, I give permission for myself and my children to participate in services provided by the Children's Bereavement Center of South Texas:

I am aware that the Center's services include:

- Intake and Assessment Services
- Peer Support Groups
- Individual and Family Counseling
- Special Events (camps)
- Phone Consultation

I am aware that peer support groups are led by trained volunteer facilitators and not professional counselors. The Center provides an intensive training course that each facilitator is required to attend. I understand that in order for facilitators to work with me and my children some of my private information may be shared initially to help them prepare for peer support group.

I am aware the Center is a training facility for Masters and Doctoral level students completing internships to acquire a professional degree. I am also aware that monitoring security cameras are used in some therapy rooms for safety and supervision.

I am aware that the purpose of the Center is to provide grief support to children and their families. The Center and its' staff members do not make recommendations in legal proceedings regarding custody or visitation.

A Notice of Privacy Practices has been provided to me and copies are available at *205 W. Olmos Drive, San Antonio, TX 78212*. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment, or in the performance of operations of the Children's Bereavement Center of South Texas. The Notice of Privacy Practices also describes my rights and the duties of the Children's Bereavement Center of South Texas with respect to my protected health information. The Federal Law and the Code of Ethics for Licensed Professional Counselors (LPC's) require that my confidentiality is protected. Consequently, any information regarding my status as a client at the Center will be released only with my written permission. It is important to note there are a few exceptions and these are listed below for your review.

The exceptions to confidentiality include:

1. If there is any indication of suicidal expression.
2. If there is any indication of physical, mental, sexual abuse and/or neglect.
3. If there is any reason to be concerned about drug or alcohol use/abuse by a child or teen, the Center reserves the right to inform the parent.
4. If there is information ordered by the court, including a subpoena, the Center will attempt to contact the party named in this order. If the release of information is opposed, a court may nevertheless, require compliance with this order.
5. If the Center learns that someone participating in services might commit an act of violence, the Center reserves the right to take steps to protect the intended victim against such danger by informing the police.

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Media & Email Consent:

I give permission for the Center to use photos, pictures, artwork or stories to communicate the mission and message of the Children's Bereavement Center of South Texas to others to through the media, social media, professional/awareness presentations, etc.

(Please initial one): Yes _____ No _____

I would like to receive information from the Center via email.

****Please Note:** Email is not a form of confidential communication.

If any time you wish to discuss a concern with our staff, please call us. If you have an emergency or urgent situation please make sure to call 911 or go to your nearest emergency room for immediate help.

(Please initial one): Yes _____ No _____

Email address: _____

I have read all of the information provided in the intake paperwork and consent to psychological services for the child(ren) mentioned throughout the Intake paperwork. I am aware that if there are any court orders in place that affect custody, guardianship or the sharing of parental rights and duties for the child(ren) I have the responsibility to provide a copy of this court order to the Children's Bereavement Center of South Texas. If there is a time when a court order becomes effective I will ensure I provide a copy of this signed order regarding custody, guardianship or the sharing of parental rights and duties for the child(ren).

I agree that to the best of my knowledge and belief, the above information is accurate and true and I consent to receive services from the Children's Bereavement Center of South Texas.

Date

Parent/Caregiver Signature

Parent/Caregiver Signature

Witness (To be signed by Center Staff)

Support Group Guidelines Agreement Form

I understand that the Children's Bereavement Center of South Texas uses a peer support model to assist group members to work through the normal grief process together. The following guidelines are provided to ensure group success:

- 1. Confidentiality:** This is essential to our peer support groups. Please respect the privacy of group members by not engaging in social media sharing/posting/tagging or repeating information shared by group members.
- 2. Visitors:** Any person who did not attend an intake session may not attend group. This includes, but is not limited to, cousins, aunts, uncles, grandparents, friends or visiting family members. Speak to the Program Coordinator of the group you attend if you need to add adults for the purpose of bringing your children to support group.
- 3. Supervision:** Children must be accompanied by an adult. Adults who are not attending the adult support group must remain in the building while children are in group.
- 4. Attendance:** Consistency is very important throughout the peer support groups. Experience indicates that members attend group consistently they benefit the most.
- 5. Illnesses:** If you and or your child/children become ill, please do not attend group. It is important for families to take care of themselves and we understand if you are unable to attend group.
- 6. RSVP/SRC:** We make sure to provide families with a reminder call a few days prior to group and or the day of group. It is important to know if your family will attend so the activities and staffing for the evening can be planned. If you are unable to attend group, please call the Center and let us know.
- 7. Promptness:** Please note for our evening groups' dinner begins at 6:30pm and groups begin promptly at 7:00pm. For Sunday afternoons lunch begins at 1:30pm and group begins promptly at 2:00pm.
- 8. Smoking:** The Center prohibits smoking in the building.
- 9. Alcohol/Drugs:** The Center prohibits the use of alcohol and drugs. Do not consume to the session under the influence of drugs or alcohol.
- 10. Weapons:** Fire arms or objects that maybe of harm to you or someone else are prohibited in the building.
- 11. Safety:** Emotional and physical safety of all participants is very important. A child's behavior is the responsibility of the parent/caregiver who accompanies the child. If an adult or child is behaving in a manner that is disruptive, inappropriate, or unsafe, the staff may ask you and your child to leave the Center.
- 12. Absence:** *If you miss 3 consecutive group nights, you will be considered inactive unless you contact the Program Coordinator of the group you attend. Our hope is you will let your Program Coordinator know when you are ready to leave the Center so that we can help you say "good-bye" to group members.*
- 13. Electronics:** Please be mindful of cell phone use. We ask that all other electronic devices; such as cell phones, tablets and or computers be put away while participating in group.

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Reminder Calls:

As a courtesy to you, we provide reminder calls for all of our peer support groups. Please provide the best contact number to reach you for reminder calls:

Phone: _____

I have read, understand and agree to abide by the guidelines of the Children's Bereavement Center of South Texas. By signing below, I agree to the above guidelines and to participating in the peer support groups.

Date

Parent/Caregiver Signature

Parent/Caregiver Signature

Witness (To be signed by Center Staff)