



# Children's Bereavement Center OF SOUTH TEXAS

## CAMP HEROES APPLICATION

Please complete application and fax to Emily Price @ (210) 832-8919.

Application Deadline **Friday, February 22, 2019**

Camp will be held daily at the Children's Bereavement Center of South Texas on **March 11-14, 2019**. Applicants must be children ages 7-11 who have experienced the death of a family member. Once a completed application is received, the camp staff will follow up with a phone call and schedule a camp intake appointment. All applications are reviewed to determine that the participating camper is emotionally ready and will benefit from the camp. Your application then will be accepted on a first come basis.

### SECTION 1: CHILD'S BACKGROUND INFORMATION

Name:	Gender:	DOB:	Age:	School:

### SECTION 2: NAME OF PARENT(S)/GUARDIAN(S)

Name:	DOB:	Relationship to Child:
Home Address	City/State	Zip
Home Phone	Work Phone	Cell Phone
Email Address		
Alternate Emergency Contact Information		
Alt. Emergency Contact Name:	Relationship to Child(ren):	Alt. Emergency Contact Phone:

### SECTION 3: LEGAL CUSTODY OF CHILD/CHILDREN

Custody: Who has legal custody of the child(ren)?

Name:
<input type="checkbox"/> Joint custody <input type="checkbox"/> Sole custody <input type="checkbox"/> Guardianship <input type="checkbox"/> Foster Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Other

*\*Custody paperwork/ documentation regarding guardianship of child(ren) may be required*

**SECTION 4: DEMOGRAPHIC INFORMATION**

*This information will be used for funding purposes only. It will never be released to any other person, group or agency.*

<u>Annual Family Income:</u>	<u>Race/Ethnicity:</u>
<input type="checkbox"/> 0-\$20,000 <input type="checkbox"/> \$20,001- \$30,000 <input type="checkbox"/> \$30,001-\$35,000 <input type="checkbox"/> \$35,001- \$50,000 <input type="checkbox"/> \$50,001- over	<input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Biracial or Multiracial <input type="checkbox"/> Other
Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Active Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION 5: MANDATORY INFORMATIONAL MEETINGS FOR PARENT/GUARDIANS & CAMPERS**

This mandatory appointment is very important for you and your camper(s) to attend. We will take you on a tour of the Center. You will learn about the camp activities, sign permission forms and meet some of the camp staff. We will take questions and provide answers during this appointment.

*Indicate below if you will be attending:*

\_\_\_\_\_ **My camper(s) and I will attend the mandatory camp appointment, to be scheduled during your phone call with camp staff. I understand that my camper(s) and I must attend this appointment before my child(ren) can attend camp.**

<b>T-Shirt Sizes for Children</b>	
T-Shirt Size for Child 1: _____ <input type="checkbox"/> Youth Small <input type="checkbox"/> Adult Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Adult Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large	T-Shirt Size for Child 2: _____ <input type="checkbox"/> Youth Small <input type="checkbox"/> Adult Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Adult Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large
T-Shirt Size for Child 3: _____ <input type="checkbox"/> Youth Small <input type="checkbox"/> Adult Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Adult Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large	

**SECTION 6: BEREAVEMENT INFORMATION:**

**In what ways are you hoping your child(ren) will benefit from camp?**

(Check all that apply)

<input type="checkbox"/>	To give our children a safe place to grieve
<input type="checkbox"/>	To help our children understand grief
<input type="checkbox"/>	So our children can meet other kids who have suffered a similar loss
<input type="checkbox"/>	To help the family with children's emotional problems
<input type="checkbox"/>	To help the family with behavioral problems
<input type="checkbox"/>	To prevent future emotional or behavioral problems

**SECTION 6: BEREAVEMENT INFORMATION:**

Name of the person who died: \_\_\_\_\_  
Relationship of the Deceased to the child/children (e.g. father, mother, sister, brother, grandfather, grandmother, aunt, uncle, etc.): \_\_\_\_\_  
Birth date (if known): \_\_\_\_\_ Death date: \_\_\_\_\_ Age: \_\_\_\_\_  
Cause of Death: \_\_\_\_\_  
Did the child/children witness the incident?  Yes  No  
Were the children physically hurt from the incident? If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
Was anyone else physically hurt from the incident? If yes, how? \_\_\_\_\_  
\_\_\_\_\_  
Explain what the child has been told about the circumstances of the death. \_\_\_\_\_  
\_\_\_\_\_  
What kind of funeral/burial was selected? \_\_\_\_\_  
If there was a service, did the child/ children attend?  Yes  No  
If no, why did the child not attend? \_\_\_\_\_  
Family beliefs: \_\_\_\_\_  
Are there any religious beliefs we should know about? \_\_\_\_\_  
Is there any other information you would like us to know? \_\_\_\_\_

**Has anyone else close to the child/children died?  Yes  No**

Name of the person who died: \_\_\_\_\_  
Relationship of the Deceased to the child/children (e.g. father, mother, sister, brother, grandfather, grandmother, aunt, uncle, etc.): \_\_\_\_\_  
Birth date (if known): \_\_\_\_\_ Death date: \_\_\_\_\_ Age: \_\_\_\_\_  
Cause of Death: \_\_\_\_\_  
Did the child/children witness the incident?  Yes  No  
Were the children physically hurt from the incident? If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
Was anyone else physically hurt from the incident? If yes, how? \_\_\_\_\_  
\_\_\_\_\_  
Explain what the child has been told about the circumstances of the death. \_\_\_\_\_  
\_\_\_\_\_  
What kind of funeral/burial was selected? \_\_\_\_\_  
If there was a service, did the child/ children attend?  Yes  No  
If no, why did the child not attend? \_\_\_\_\_  
Family beliefs: \_\_\_\_\_  
Are there any religious beliefs we should know about? \_\_\_\_\_  
Is there any other information you would like us to know? \_\_\_\_\_

**General Grief Issues**

**1. How attached was each of the children to the person who died?**

List Children's Names:	Extremely attached	More than normal	Normally attached	Less than normal	Not at all attached
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. How well has each of the children been able to express feelings?**

List Children's Names:	Completely	Well	Average	Not so well	Not at all
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. To what extent does each of the children seem lonely and isolated?**

List Children's Names:	Not at all	Not very	Somewhat	Extremely
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Do the children know other children with similar losses?**  Yes  No

If so, how much opportunity has each child had to share experience?

List Children's Names:	Lots of opportunity	Some opportunity	Little opportunity	No opportunity
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. Are any of the children seeing a counselor?**

List Children's Names:	Yes	No	If yes, whom and where?
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**7. Are any of your children taking medication?**

List Children's Names:	Yes	No	If yes, what?
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**7. Do any of your children have allergies?**

List Children's Names:	Yes	No	If yes, what?
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**8. Has the child ever been hospitalized?**

List Children's Names:	Yes	No	If yes, where and for how long?
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

***Please read and sign the Confidentiality Statement on the next page.***

### Confidentiality Statement

The Children's Bereavement Center of South Texas is happy that you and your family have decided to make Camp Heroes a part of your healing process. We would like you to be aware of the following bereavement program policies:

The Camp Heroes staff is made up of trained volunteers and counselors. Our goal is to make the camp experience a positive and healing one. One way we accomplish this goal is by protecting your confidentiality. Your communication with camp staff is strictly confidential. We must have your written permission to release or obtain any information concerning you. Exceptions to this policy include:

- Mandatory reporting of any possible child/elder abuse.
- The clear possibility of harm to yourself or other persons.
- Court ordered release of records.

In these cases, Texas law requires that confidentiality be breached only to the extent necessary to comply with law enforcement or to ensure the safety of the individual(s) involved.

In addition, the counselors may disclose confidential information under the following circumstances:

- For case consultation or supervision
- For auditing purposes through the agency or funding sources
- When a signed, written release of information is completed

It is expected that during camp, personal information will be discussed. In order to make this comfortable for everyone, it is our policy to ask camp participants to honor confidentiality as well. It is imperative that whatever is discussed at camp not be repeated to anyone.

Please sign below indicating that you have read and understand the above policies. The signature of a parent or guardian indicates that you have explained the above policies to your child(ren) and will assist them in maintaining confidentiality.

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Signature of Parent or Legal Guardian

Date



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OF SOUTH TEXAS