



Children's
Bereavement
Center
RIO GRANDE VALLEY

Teens Transform Grief is a mini day camp for adolescents who have experienced the death of a loved one. Camp will be held at the **Children's Bereavement Center – Rio Grande Valley** where we believe every grieving youth is on a journey. Their path may begin with pain and loss but on the journey toward healing they can reclaim memories, laughter and discover courage within themselves.

When is Teens Transform Grief?

This will be a two-day camp. It will be held on Monday, March 16, 2020 and Tuesday, March 17, 20. Camp will begin at 8:15 a.m. and end at 5:00 p.m.

Drop off times will be from 7:30 a.m. to 8:15 a.m. and pick up times will be from 5:00 p.m. to 5:30 p.m.

What does Teens Transform Grief cost?

Teens Transform Grief is free for participants.

Where is Teens Transform Grief held?

Teens Transform Grief will be held at the Children's Bereavement Center – Rio Grande Valley. The Center provides free peer support groups to youth and families to help normalize feelings, share experiences, and grieve following the death of a loved one. Our beautiful homelike setting provides a safe, nurturing environment conducive to healing. We are located at 2302 S. 77 Sunshine Strip, Ste. 202 Harlingen, TX 78550.

What will participants do?

At **Teens Transform Grief** participants will play, have fun, and make new friends with other adolescents who have also lost a loved one. They will also participate in sharing circles and learn it is okay talk about their experience. They will engage in recreational and expressive activities to help process the feelings of grief.

How to apply for Teens Transform Grief

Participants must be boys or girls age 13-17 who have experienced the death of a parent, sibling, aunt, uncle, grandparent, or friend. You can get an application from your child's counselor or the Children's Bereavement Center. Once you have completed the information, return it to the Children's Bereavement Center - Rio Grande Valley by **Friday, February 28, 2020**. After we have received your application, one of our staff from the Children's Bereavement Center will call you for a phone interview and to schedule an intake appointment.

Transportation

Families must provide transportation to and from camp. Participants must be picked up from the Children's Bereavement Center between 5:00 p.m. and 5:30 p.m.

Mandatory Intake

Parents, guardians, and interested campers must attend a **mandatory** intake. Camp staff will contact your family to schedule an appointment. This will be your opportunity to tour the Center, meet our counselors, and ask questions.



TEENS TRANSFORM GRIEF APPLICATION

Please complete application and fax to CBC-RGV at (956) 368-5022
 Applications can be submitted in person at 2302 S. 77 Sunshine Strip, Ste. 202 Harlingen, TX 78550
 For questions or additional information, contact us at (956) 368-4065

Application Deadline February 28, 2020

Teens Transform Grief will be held at the Children's Bereavement Center – Rio Grande Valley on **March 16 & 17, 2020**. Once a completed application is received, the camp staff will follow up with a phone call. 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:	Emergency Contact Name/Relationship to Child:	Emergency Phone Number:

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

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

Annual Family Income:	<input type="checkbox"/> 0-\$20,000 <input type="checkbox"/> \$20,001- \$30,000	<input type="checkbox"/> \$35,001- \$50,000
	<input type="checkbox"/> \$30,001-\$35,000	<input type="checkbox"/> \$50,001- over
Race/Ethnicity:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<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 INTAKE FOR PARENT/GUARDIANS & CAMPERS

This mandatory intake is very important for you and your camper(s) to attend. This effort is to ensure the participating camper is emotionally ready and will benefit from the camp. We will take you on a tour of the Center, you will learn about the camp activities, sign permission forms and meet the staff.

SECTION 6: BEREAVEMENT INFORMATION:

In what ways are you hoping your child(ren) will benefit from camp?
(Check all that apply)

- To give our children a safe place to grieve
- To help our children understand grief
- So our children can meet other kids who have suffered a similar loss
- To help the family with children’s emotional problems
- To help the family with behavioral problems

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: Illness Sudden Lingering Other

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: Illness Sudden Lingering Other

Did the child/children witness the incident? Yes No

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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
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"/>	_____

6. 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"/>	_____

Behavioral Problems

The following is a list of problems that often arise when children are going through grief. Please write your children's names at the top and check any relevant boxes.

	Child #1	Child #2	Child #3
Enter names:			
<u>School Problems</u>			
Trouble getting homework done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using bad language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disruptions in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not getting along with classmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not paying attention in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daydreaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannot concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overly tired or sleepy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dropping out of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grades slipping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skipping school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive absence from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Home Problems</u>			
Relationship with siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somatic complaints (pains, aches, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal from activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Crying frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feels responsible for death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looking sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking about dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refusing to talk about the deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinging behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed wetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thumb sucking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior is "too good"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ritualistic behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other home problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Problems with friends</u>			
Frequently fights with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of interest in friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving away belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other problems with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Problematic Dreams</u>			
About the deceased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About death in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recurring dreams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other problematic dreams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Fears</u>			
Of the dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Of death in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Of the other parent dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Of someone breaking in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Of new experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Of loud noises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other fears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health & Wellness Information

Please provide any information you feel the Children’s Bereavement Center Rio Grande Valley should be made aware of to maintain the health and wellness of your child.

List of food allergies [i.e. peanut, gluten, etc.]	
List of other medical health concerns [i.e. asthma, diabetes, etc.]	
Additional information you wish to provide	

Camp Wear

On the second day of camp, a camp t-shirt will be issued. The shirt will be provided at no cost to the participating campers. Please indicate the appropriate shirt size for your child in the box below.

T-Shirt Size for Teen 1: _____	T-Shirt Size for Teen 2: _____
<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult Small
<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Adult Medium
<input type="checkbox"/> Adult Large	<input type="checkbox"/> Adult Large
<input type="checkbox"/> Adult X-Large	<input type="checkbox"/> Adult X-Large

Application deadline Friday, February 28, 2020.

Confidentiality Statement

The Children's Bereavement Center – Rio Grande Valley is happy that you and your family have decided to make **Teens Transform Grief** a part of your healing process. We would like you to be aware of the following bereavement program policies:

The **Teens Transform Grief** Camp 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.

Signature of Parent or Legal Guardian

Date