formerly HospiceCare of Boulder & Broomfield Counties
COMMUNITYCARE
Hospice | Supportive Services
Trusted Responsive Unparalleled

JewishFamilyService Boulder JFS

Jewish Support Group Registration

Name_____ Date_____

Street_____City_____State_____Zip_____

Phone Number: Home_____Work_____Mobile_____

Email:_____Is it OK to contact you by email Yes ☐ No ☐

Birth Date_____ Age_____Faith Community_____Occupation_____

Information about the Deceased

Name of Deceased_____Relationship to Deceased_____

Date of Death_____Age at Death_____ Place of Death_____

Cause of Death_____

If the deceased was spouse or partner, please complete the following:

Number of years together_____ Anniversary Date_____

Was the person who died a hospice patient? Yes ☐ No ☐

If yes, please give the name of the hospice_____

Personal Information/Life Situation

Marital Status: Married ☐ Divorced ☐ Single ☐ Widowed ☐ Other_____

Who lives at home with you now?_____

Are there any children living at home? Yes ☐ No ☐

If yes: Name_____Age_____Sex_____

Name_____Age_____Sex_____

Name_____Age_____Sex_____

Are you currently working? Yes ☐ No ☐ What kind of work?_____

(Please continue on other side)

Are you currently receiving counseling care? Yes ☐ No ☐

Therapist Name_____Phone_____

Have you been diagnosed as having a mental health diagnosis? Yes ☐ No ☐

If yes, please identify:_____

Have you seriously considered or attempted suicide? Yes ☐ No ☐

If yes, please explain:_____

Are you currently receiving medical care? What kind?_____

If yes, what is your Physician's name?_____Phone_____

Are you taking any medications regularly? Yes ☐ No ☐

If yes, please list:_____

Have you ever abused drugs or alcohol? Yes ☐ No☐

If yes, please explain: _____

Where did you hear about our Bereavement Services?

Hospice ☐ Friend ☐

Church/Synagogue ☐ Work ☐

Therapist ☐ Other_____

Please email or send completed application to:

griefsupport@trucare.org

Fax (303)604-5350

TRU Community Care, Grief Services

2594 Trailridge Dr East

Lafayette, CO 80026

Please submit this application in order to register for the next group. Group facilitators will contact you to schedule an individual pre-group meeting in the month prior to the group start date. If you have any questions, please call TRU Grief Services at **303-604-5300** or Boulder Jewish Family Services **303-415-1025**

***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 TRU group facilitators and will not be shared with the group without specific permission.*