Guiding our youth through the storms of life
RAINBOWS for all Children

APPLICATION FORM

HIGH PEAKS HOSPICE BEREAVEMENT

Child's Name: _____

Age: _____ Gender: ☐ Male ☐ Female Date of Birth: _____

Parent/Guardian: _____ Ethnicity: _____

Street Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____ Email Address: _____

Name of Deceased Or type of loss: _____ Date of Death: _____

The deceased is your child's:

- ☐ Father
- ☐ Mother
- ☐ Grandfather
- ☐ Grandmother
- ☐ Aunt
- ☐ Uncle
- ☐ Brother, aged: _____
- ☐ Sister, aged: _____
- ☐ Cousin
- ☐ Other: _____

Cause of Death:

- ☐ Motor Vehicle
- ☐ Accident
- ☐ Overdose
- ☐ Cancer
- ☐ Heart Disease
- ☐ Homicide
- ☐ Suicide
- ☐ Illness
- ☐ Military
- ☐ Other: _____

Has your child experienced any of the following behaviors since the death?

- ☐ Sadness and crying
- ☐ Physical illness
- ☐ Fearfulness
- ☐ Withdrawal from others
- ☐ Anger at self or others
- ☐ Change in sleep patterns
- ☐ Clinging to adults
- ☐ Difficulty concentrating
- ☐ Over & under eating
- ☐ Problems with peers or family
- ☐ Behaving younger than age
- ☐ Difficulties at school
- ☐ Obsession with death
- ☐ Refusal to talk about the deceased
- ☐ Risky or destructive behaviors
- ☐ Other: _____

Programs you family has participated in:

- ☐ Cindy's Comfort Camp
- ☐ Grief Counseling
- ☐ Hospice services for the terminally ill
- ☐ Rainbows

I hereby give my permission for _____ to attend Rainbows Program.

Print Parent/Guardian's Name: _____ Relationship: _____

Signature Parent/Guardian: _____ Date: _____

Please complete ONE APPLICATION PER CHILD

Return to: High Peaks Hospice

Questions/Information: 518-891-0606

454 Glen Street

HighPeaksHospice.org

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RAINBOWS
for all Children

HIGH PEAKS HOSPICE
BEREAVEMENT

Glens Falls, NY 12801

A six-week support group for grieving children and teens through art & dialogue.

What We Do

Rainbows' programs help children who are grieving the loss of a loved one due to death, divorce, deployment, or trauma. Rainbows' trained facilitators, using age-appropriate curriculum, establish peer support groups.

Who We Serve

Rainbows' programs are for all children from all economic, racial, ethnic, and religious backgrounds. The program is FREE for all participants.

How We Do It

Rainbows uses age-appropriate curriculum, which has helped over 3 million or our youth over the past 32 years.

Any child or teen, 6-15 years old, who has experienced any type of death or related loss such as divorce, relocation etc. in their lifetime, regardless if the loved one was on hospice, is welcome to apply.

An application is required. Space is limited, so please apply as soon as possible.

Please complete ONE APPLICATION PER CHILD

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