



1596 E. 250 Rd.
Lecompton, KS 66050
info@stullcoff.com

Grief Support Group Application

We require a one-time written statement of background and interest in bereavement care of all our grief support applicants.

Please include the following information in your background statement: name, age, losses in your own life and anything else you think we should know. This statement helps us get to know you before you arrive.

First Name: _____ Last Name: _____ Age: _____
Phone: _____ Email: _____

Who in your life has died, and how did the loss happen?

When was the loss?

Have you suffered other significant losses in the past? Yes No
Explain:

Can you please share a little bit about the support you have been receiving so far from others in your life?

Are you seeing a counselor? Yes No
If so, have you spoken to the counselor about attending the group? Yes No

Have you participated in any other support groups? Yes No

Do you have, or have you had any previous experiences with depression, anxiety or any other mental health issues? Yes No

Are you taking medication for any physical or emotional difficulties? Yes No

Is there anything else that we may need to know about your interest in and capacity to participate in this support group?

Please email completed form to: pastor@stullcoff.com

After reviewing, you will be contacted about your acceptance into the support group.