

Adult Bereavement Support Group

Registration Form 2017

www.hospicesj.org
 (209) 957-3888

Methods to Submit Registration Form:

Fax to (209) 922-0254

Mail to 3888 Pacific Ave, Stockton, CA 95204,

Attn: Bereavement

Hospice of San Joaquin offers bereavement support groups for adults who have experienced the death of someone close to them and would like to learn more about the grieving process and gain support and insight from others who have had similar experiences.

Our support groups meet for six weeks. There is no charge for the groups however; a one-time \$10.00 donation is appreciated on the first week to help cover the cost of materials.

Due to the necessity to limit the size of the groups, pre-registration is required. Please complete this form to help us better serve your grief needs and return it to Hospice of San Joaquin. You will receive a postcard confirming your enrollment in a group upon receipt of this form. A reminder letter will come just prior to the first meeting.

First Name _____ Last Name _____

Address _____ City _____ Zip _____

Home Phone _____ Alt. Phone _____

Name of loved one who died _____ Age _____

He/she was my (i.e. wife, dad) _____ If spouse, how long were you married? _____

Cause of death _____ Date of death _____

Were they a Hospice of San Joaquin patient? (This is not required for enrollment in group.) Yes No

Where did you hear about our program? _____

What do you hope to get out of the group? _____

Is there something else you would like us to know regarding your grief? _____

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HOSPICE
of **SAN JOAQUIN**



3888 Pacific Avenue, Stockton, CA 95204
209-957-3888 www.hospicesj.org

Please select one group. Dates struck out are unavailable. If your selected group is full upon receipt of your registration, we will call you to reschedule or put you on a waiting list.

Please make note of the date and time of the group you choose. Attendance at first meeting is mandatory. No guests please.

Stockton Office
3888 Pacific Avenue
Stockton, CA 95204

Lodi Office
1300 W. Lodi Avenue, Ste. S
Lodi, CA 95242

Manteca Office
179 W. North Street

Stockton **General Loss**

6 consecutive Wednesdays, 5:30 - 7 pm

Held at Hospice of San Joaquin Office in Stockton.

- | | |
|--|---|
| <input type="checkbox"/> January 11 - February 15, 2017 | <input type="checkbox"/> March 1 - April 5, 2017 |
| <input type="checkbox"/> April 26 - May 31, 2017 | <input type="checkbox"/> June 21 - July 26, 2017 |
| <input type="checkbox"/> August 2 - September 6, 2017 | <input type="checkbox"/> October 4 - November 8, 2017 |

Stockton **Loss of Spouse**

6 consecutive Wednesdays, 3 - 4:30pm

Held at Hospice of San Joaquin Office in Stockton.

- | | |
|--|---|
| <input type="checkbox"/> January 11 - February 15, 2017 | <input type="checkbox"/> March 1 - April 5, 2017 |
| <input type="checkbox"/> April 26 - May 31, 2017 | <input type="checkbox"/> June 21 - July 26, 2017 |
| <input type="checkbox"/> August 2 - September 6, 2017 | <input type="checkbox"/> October 4 - November 8, 2017 |

Lodi **General Loss**

6 consecutive Tuesdays, 5:30 - 7pm

Held at Hospice of San Joaquin Office in Lodi.

- | | |
|--|---|
| <input type="checkbox"/> January 24 - February 28, 2017 | <input type="checkbox"/> April 4 - May 9, 2017 |
| <input type="checkbox"/> October 3 - November 7, 2017 | |

Manteca **General Loss***

6 consecutive Tuesdays, Time 5:30 - 7pm

Held at Hospice of San Joaquin Office in Manteca.

- | |
|--|
| <input type="checkbox"/> February 21 - March 28, 2017 |
| <input type="checkbox"/> September 19 - October 24, 2017 |

También tenemos ayuda en español llame (209) 922-0302 para mas información.

Please read and sign below:

I understand that the Adult Bereavement Support Group at Hospice of San Joaquin is intended for grief-related support. It is not psychotherapy. All information shared in the group is to be held confidential by both participants and facilitators.

I agree, that for the good of the group process, I will need to reschedule to another group if I miss the first meeting.

Signature _____ Date _____

Name _____