

# HOSPICE CARE NETWORK

## Adult Support Group Registration

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email address: \_\_\_\_\_

Name of deceased: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of death: \_\_\_\_\_

Cause of death: \_\_\_\_\_

Significant previous losses: Relationship: \_\_\_\_\_ Date of death: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Did Hospice Care Network care for deceased?  Yes  No

### Adult Group Schedule 2010

#### WOODBURY – 99 Sunnyside Blvd.

- |                          |         |                   |                       |                         |
|--------------------------|---------|-------------------|-----------------------|-------------------------|
| <input type="checkbox"/> | Monday  | Sept. 13 – Nov. 1 | 6:30 PM – 8:00 PM     | Loss of Parent/Sibling  |
| <input type="checkbox"/> | Tuesday | Sept. 14 – Nov. 2 | 10:30 AM – 12:00 Noon | Spouse/Partner          |
| <input type="checkbox"/> | Tuesday | Sept. 14 – Nov. 2 | 6:30 PM – 8:00 PM     | Spouse/Partner          |
| <input type="checkbox"/> | Tuesday | Sept. 14 – Nov. 2 | 6:30 PM – 8:00 PM     | Spouse/Partner under 50 |

#### BAY SHORE – 14 Shore Lane

- |                          |           |                   |                       |                         |
|--------------------------|-----------|-------------------|-----------------------|-------------------------|
| <input type="checkbox"/> | Tuesday   | Sept. 14 – Nov. 2 | 6:30 PM – 8:00 PM     | Loss of Parent/Sibling  |
| <input type="checkbox"/> | Wednesday | Sept. 15 – Nov. 3 | 10:30 AM – 12:00 Noon | Spouse/Partner          |
| <input type="checkbox"/> | Thursday  | Sept. 16 – Nov. 4 | 6:30 PM – 8:00 PM     | Spouse/Partner          |
| <input type="checkbox"/> | Thursday  | Sept. 16 – Nov. 4 | 6:30 PM – 8:00 PM     | Spouse/Partner under 50 |

#### FRESH MEADOWS – 59-07 175<sup>th</sup> Place

- |                          |          |                   |                   |                        |
|--------------------------|----------|-------------------|-------------------|------------------------|
| <input type="checkbox"/> | Monday   | Sept. 13 – Nov. 1 | 1:00 PM – 2:30 PM | Spouse/Partner         |
| <input type="checkbox"/> | Thursday | Sept. 16 – Nov. 4 | 6:30 PM – 8:00 PM | Loss of Parent/Sibling |

Office Use only-Receipt:

Advised: