



Evergreen 2011

A Family Camp Program

For grieving families
with children
ages 6 to 18

Sponsored by:


HOSPARUS

GRIEF COUNSELING CENTER

Central Kentucky
Louisville
Southern Indiana

3532 Ephraim McDowell Dr.
Louisville KY 40205

502-456-5451 or 888-345-8197

Fax: 502-456-9701

www.hosparus.org

Dear Family:

Thank you for your interest in Evergreen – A Family Camp. Evergreen is a popular program and space is limited. Please follow the steps below to sign-up for this meaningful camp experience.

Step 1: Complete the Evergreen Application and pay applicable fees

Please complete an Evergreen application carefully and completely. This will help us provide a great camp experience for your family. Return the application as soon as possible. The deadline for all applications and payment of applicable fees (see application) is **Friday, September 23, 2011**.

Step 2: Confirmation of Acceptance to Evergreen

Your family's participation will be confirmed after your application has been reviewed and applicable fees have been paid. (*Scholarship assistance is available for families based on need.*) You may be asked to come in to meet with a counselor prior to acceptance to ensure this program will be a good fit for your family's counseling needs.

Step 3: Complete Health History and Release Agreement

You will need to complete a health history form and a participant release agreement for each camper. These forms are available on the Hosparus website or we can mail the forms once your family has been accepted to the Evergreen program. Please complete these forms as soon as possible; deadline is **Friday, September 30**.

Step 4: Attend a Family Orientation Meeting.

Families are required to attend a Family Orientation Meeting. At the meeting, your family will learn everything they need to know about Camp and how to prepare for a successful experience. A light pizza supper will be served. *If you plan to attend an orientation outside of your service area, please let us know.*

Louisville Family Orientation Meeting:

6:00 p.m., Monday, October 3
Hosparus Grief Counseling Center
3526 Ephraim McDowell Dr., Louisville, KY 40205-3224
502-456-5451 or 888-345-8197
Coordinator: Amy Sloboda

New Albany Family Orientation Meeting:

6:00 p.m., Tuesday, October 4
Hosparus Grief Counseling Center
612 E. Spring St., New Albany, IN 47150
812-948-4862 or 888-345-8197
Coordinator: Lori Friestrom

Elizabethtown Family Orientation Meeting:

6:00 p.m., Thursday, October 6
Hosparus Central Kentucky
105 Diecks Dr., Elizabethtown, KY 42702
270-737-6300 or 800-686-9577
Coordinator: Wanda Dobbins

If you have questions, please call 502-456-5451 or 888-345-8197. We look forward to providing your family with a special weekend at Evergreen.

Sincerely,

Amy Sloboda, MA, ATR-BC, LPAT
Bereavement Program Coordinator



Camp Evergreen Family Application

October 14-16, 2011

Name of primary Parent/Guardian attending camp:	Email
Parent/Guardian Home Phone () -	Parent/Guardian Cell Phone () -
Address	<i>Emergency Contact</i>
City	<i>Relationship</i>
Zip	<i>Emergency Contact Home/Cell Phone () -</i>

Please list ALL family members who will attend Camp Evergreen, including parents/guardians and extended family members (i.e. grandparents). Each family member will receive a Camp shirt. Please indicate below the size requested for each family member:

First Name	Last Name	Sex M/F	Age	Grade in school/ Occupation	Relationship to the Deceased	Shirt Size *

***Shirt Sizes**- Child Small, Child Medium, Child Large, Adult Small, Adult Medium, Adult Large, Adult X-Large, Adult XX-Large, Adult 3X

Evergreen Fees: *Registration is limited. If space is not available, your registration fee will be refunded.*

Please check the appropriate box:

Family of 2: \$100
 Family of 3: \$125
 Family of 4: \$150
 Over 4 people, additional \$25 each: _____
Number of Extra People

Please enclose a check or money order payable to Hosparus Grief Counseling Center or Credit Card information as requested below:

Visa
 MasterCard
 American Express
 Credit Card Number: _____ Exp: _____

Name as it appears on credit card: _____ Security Code (on back) _____

Scholarship assistance is available for families based on need; please check if needed.

Your Family's Bereavement History



We want to provide a meaningful experience for your family at Evergreen. You can help us by answering the following questions about your family as completely and honestly as possible.

Was this your family's first death experience? Yes No

If no, please explain the nature of previous death(s), the relationships of other person(s) who died and when they occurred:

Has anyone in your family received counseling or attended a bereavement group as a result of this death? Yes No If yes, please describe the type of bereavement support your family has received to date:

Have there been any other losses, changes, or stress in your family's life since the death (i.e. illness, divorce, moves, change of school or work)? Yes No If yes, please explain:

How have each of you been grieving since the death?

What concerns do you have about your family's grief and coping with loss?

About the Person Who Died



Name of Deceased	Date of Death / /
Cause of Death	Age of Deceased

Please tell us a little bit about what happened to this person (i.e. length of illness/type of accident):

Where did the death occur? Home Hospital Other (specify): _____

Did your family receive hospice care? Yes No

Did your children attend the death/funeral? Yes No

How would you describe your family's relationship with the person who died?

What do you hope your family will get out of Camp Evergreen?

Anything else you feel it is important for us to know?

APPLICATION AND REGISTRATION FEE MUST BE RECEIVED BY September 23, 2011
Refunds will be given for cancellations received by September 30, 2011



Thank you for your application to *Evergreen – A Family Camp*. Once we have received and reviewed your application, you will receive a phone call confirming that you have been accepted or to let you know that we need additional information. We will then need you to complete a health history form and a participant release agreement for *each* camper. These forms are available on the Hosparus website (www.hosparus.org/evergreen.php) or we can mail the forms to you.

Please complete all forms as soon as possible so that we can finish processing your information.

For questions or concerns, please call the Hosparus Grief Counseling Center @ (502) 456-5451 or 1-800-345-8197.

Mail application to: ATTN: Evergreen
 Hosparus Grief Counseling Center
 3532 Ephraim McDowell Dr.
 Louisville KY 40205

Email application to: asloboda@hosparus.org

How did you learn about Evergreen – A Family Camp?

- Hosparus Staff School Friend Religious Institution
 Newspapers Radio/TV Other _____

FOR OFFICE USE ONLY	
Date initial application received: _____	Check When
Complete:	
Payment Type: <input type="checkbox"/> Check #: _____ Check in the name of: _____	____ Release Forms
<input type="checkbox"/> Credit Card <input type="checkbox"/> Scholarship	____ Health Forms
Payment Amount: _____ Scholarship Amount: _____	