



Bereavement Group Participant Information

Meeting Location

Stevens Street Baptist Church Building G
304 Short Street
Cookeville, TN 38501

Participation Requirements

Our Journey Bereavement groups meet every Tuesday from 6-7 pm for 10 consecutive weeks.

1. Participants are asked to make every effort to attend all 10 sessions.
2. It is the responsibility of the participant to notify their facilitators or the HOTC office if they are unable to attend.
3. Parent/Legal Guardian is responsible for children while on Heart of the Cumberland premises.
4. Children are never to be dropped off. An adult must accompany children at all times and deliver them to, and pick them up from the room where their group takes place.
5. Participants are asked to arrive a few minutes before 6:00 so that groups can begin on time.
6. Children need to be fed and taken to the restroom before arriving for group.
7. Support group participants quickly establish trust and comfort within the group. For this reason, the group will be closed to additional participants or guests after the first week's meeting.

Note: In the event of group cancellation, the facilitator will call.

Peer Support Groups

Peer support groups are simply a forum for mutual acceptance, understanding, and self discovery through communication with peers who have been in similar situations. Heart of the Cumberland does not provide individual (or group) advice or counseling in any area. If a participant is looking for specific advice or counseling they are advised to contact a licensed practitioner or professional. Most insurance companies place an 800 number on the back of their insurance cards for access to a list of mental health services in the area.

Privacy/Confidentiality

Heart of the Cumberland, through its dedicated volunteers, staff, and boards makes every effort to keep things shared by participants confidential and encourages group participants to do the same. Information given to Heart of the Cumberland will only be used for the express purpose for which it is gathered. All files are and will remain the exclusive property of Heart of the Cumberland. Participant contact information will be given to group facilitators. Our confidentiality policy will be strictly maintained except, but not limited to, the following:

- Suicidal Expression
- Suspected physical, mental, or sexual abuse which by law must be reported
(**Tennessee Code Annotated 37-1-403(i)(1)**)
- Suspected drug or alcohol use/abuse by a child
- Mandates of the Courts

Your Session Begins _____ from 6-7 pm

HEART *of the* CUMBERLAND
Journey - Registration
Bereavement

Office Use Only
 Facilitators

Participant Information (Please Print)			Date:
Last Name		First Name	
Date of Birth	Age	Gender	Race
Parent/Legal Guardian (if a minor)			
Address			
City		State	Zip Code
Primary Phone		Cell	
Email address		Prefer contact by: <input type="checkbox"/> Primary Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email	
Information about Deceased			
Name		Date of Death	
Relation to participant			
Cause/Circumstances of death			
Participation Consent			
I acknowledge by my signature below that I have read, understand, and agree to abide by the privacy/confidentiality policy and its exclusions, peer group definition, and participation requirements outlined on the Participant Information sheet.			
_____		_____	
Participant (Parent/Legal Guardian if minor)		Date	
Consent to Use Picture			
I acknowledge by my signature below that Heart of the Cumberland has my permission to use pictures of the above participant in, but not limited to, print media, electronic media, video, websites, discs or any technology related directly to the exposure of Heart of the Cumberland and its' free services. I understand that no compensation will be paid for use of said pictures.			
_____		_____	
Participant (Parent/Legal Guardian if minor)		Date	
How did you hear about Heart of the Cumberland?			