

For office use

Date received: _____
Notified: _____
New: _____ Virtual Only: _____
Return x 1: _____ Return x 2+: _____
Part 1 / 2: _____ / _____
Tetanus: _____
Photo/Transportation: _____ / _____
Valuables/Substance: _____ / _____
Confidentiality: _____
Supply needs? Yes / No _____
Information release: _____
SH waiver: _____ Behavior: _____
In SF/SF update: _____ / _____
Grief behaviors SF: _____
In Excel/In Cabin: _____ / _____
Interview date: _____ Initials: _____
Accepted/not accepted date: _____
Accepted/not accepted initials: _____

Camp Courage - Teens 2023

BRAVE THE WILD

Monday, June 12th – Friday, June 16th, 2023
Kids ages 11 – 18 years-old

Priority deadline: Friday, April 7th, 2023
Late deadline: Friday, May 5th, 2023

To avoid delays, please complete this form accurately and completely.

**ATTACH
CAMPER
PHOTO HERE**

*We request a photo so
that we can begin to
learn everyone's name
ahead of Camp.*

All applicants who have not previously attended Camp with Annie's Hope must complete a face-to-face interview with an Annie's Hope staff member. **Interviews must be completed by Friday, May 19th, 2023.**

Application Part 1

To be completed by the applying teen. Please complete this application as thoroughly as possible.

General Information:

Date: _____

Your name: _____ Date of birth: _____

Gender: Female Male Non-binary Choose to not respond

My pronouns are: She/her/hers He/him/his They/their/theirs Ze/hir/hir

Do you want your pronouns listed on your camp name tag? Yes No

Preferred name (if different from above): _____

Current age: _____ Age at the time of significant person's death: _____ Age as of June 12, 2023: _____

School grade completed in May/June 2023: _____ School name: _____

School counselor and/or social worker's name: _____

Your street address: _____

City, State, Zip Code: _____

Do you live within St. Louis CITY limits? Yes No

If not, in what COUNTY do you live? _____

Your phone: _____ Your email address: _____

Are you now a member of ROTC? Yes No

If yes, which military branch? _____

Parent/guardian name(s)

Relationship to the you

Relationship to the deceased

Primary parent/guardian phone (Cell): _____ (Work): _____

(Home): _____ E-mail address: _____

Is your address the same as your primary parent/guardian? Yes No

If not, what is their home address? Street address: _____

City, State, Zip: _____

Parent/guardian's place of employment: _____

Is your primary parent/guardian now (or previously) a member of the military/U.S. Uniformed Services? Yes No

If yes, how is your parent/guardian involved? Active Reserves Veteran National Guard

If yes, which branch of the military/U.S. Uniformed Service group is/was the parent/guardian a member?

Air Force Army Coast Guard Marines Navy NOAA ROTC Space Force

Please describe your personality, hobbies, talents, struggles, likes, dislikes, etc.:

Have you participated in any other Annie's Hope programs? Yes No

If yes, which programs? Camp Courage Camp Erin/Camp Courage – Teens Hope & Healing Horizons Family Support Groups School Support Group Social Event Teen Retreat

Table with columns: Names of brothers & sisters, Birth Date, Age, Gender, Applying for Camp? (Camp Courage, Camp Courage – Teens, Neither)

Background information on deceased person(s):

Full name: _____

How is the deceased related to you? She/he/they/ze is my _____ .

What is your relationship to the deceased? I am her/his/their/hir _____ .

Deceased person's gender: Female Male Non-binary Choose to not respond

Deceased person's preferred pronouns: She/her/hers He/him/his They/their/theirs Ze/hir/hir

Date of birth: _____ Date of death: _____

Former place of employment (if applicable): _____

Nature of death (please check all that apply):

Accident Cancer Heart attack Long illness Murder Short illness Substance use Suicide Other

Please describe the circumstances of the death:

Please describe your relationship with the deceased person (close, distant, ambivalent, warm, tense, loving, shared hobbies, angers, disappointments, etc.):

Did the deceased identify with an organized religion? Yes No

If yes, please state the religion: _____

How did the deceased racially identify? Check all that apply.

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White or Caucasian

Another option not listed here (please specify): _____

How did the deceased ethnically identify?

Hispanic, Latino, or Spanish origin Not of Hispanic, Latino, or Spanish origin

Was the deceased a member of the military/U.S. Uniformed Service? Yes No Unknown

If yes, at the time of death, was she/he/they/ze: Active Reserves Veteran National Guard

Which branch of the military/U.S. Uniformed Service group was she/he/they/ze a member?

Air Force Army Coast Guard Marines Navy NOAA ROTC Space Force

Were any of the deceased person's organs and/or tissue (excluding bone marrow) donated for transplant after her/his/their/hir death? Yes No Unknown

Did the deceased ever receive an organ and/or tissue transplant prior to her/his/their/hir death?

Yes No Unknown

Did you plan/wish to donate the deceased's organs for transplant, yet they were not accepted?

Yes No Unknown

Have you ever received an organ and/or tissue transplant? Yes No

Was an accurate, honest explanation of the death provided for you? Yes No

If not, what explanation was given to you?

Is this the first experience with death for you? Yes No

If no, please explain briefly all significant losses by death:

Who told you about the special person's death and how was it done? What was your reaction?

Please briefly state your religious affiliation – if any – and describe what religious or spiritual beliefs were used to explain this death to you.

Did you get to say "goodbye?" Yes No
If yes, in what way?

What rituals were held after the death (funeral/memorial service/Shiva/repass, burial, cremation, etc.)?

Did you attend the funeral/memorial service/Shiva/repass? Yes No
Was it your choice? Yes No

Did you plan or participate in the funeral/memorial service/Shiva/repass? Yes No
If yes, in what way?

Did you view the deceased's body? Yes No
Was it your choice? Yes No

If no, did you or an adult make the decision? If you did see the deceased's body, what was your reaction, and how was the death handled by other family members?

Have you ever had a pet die? Yes No

If yes, what was your reaction, and how was the death handled by other family members?

Grief Behaviors:

Please select a number on a scale from 0 – 10 that represents how often you show each of these behaviors.

0	1	2	3	4	5	6	7	8	9	10	
Never		Rarely		Occasionally		Frequently		Very Frequently		Always	
1. _____	afraid of the dark			12. _____	Over eating			23. _____	Cruelty to animals		
2. _____	afraid to go to bed			13. _____	Loss of appetite			24. _____	Hurtful behavior to others (bullying, name calling, etc.)		
3. _____	nightmares			14. _____	Attachment to parent or guardian			25. _____	Hurtful behavior to self (cutting, hair pulling, etc.)		
4. _____	difficulty sleeping			15. _____	Overprotective behavior towards others			26. _____	Use of drugs		
5. _____	over sleeping			16. _____	Withdrawal from family			27. _____	Use of alcohol		
6. _____	bed wetting			17. _____	Withdrawal from friends			28. _____	Use of cigarettes		
7. _____	improved school grades			18. _____	Obsession with death			29. _____	Change in sexual activity		
8. _____	Lowered school grades			19. _____	Increased arguing			30. _____	Participation in risk-taking activities (not wearing a seatbelt or helmet, speeding, free climbing, etc.)		
9. _____	Difficulty concentrating			20. _____	Intense anger			31. _____	Thoughts of suicide		
10. _____	Afraid of hospitals, physicians or their offices			21. _____	Physical fighting			32. _____	Attempted suicide		
11. _____	Repeated illnesses			22. _____	Destruction of property						

Please add any details about any of the behaviors listed above, especially *hurtful to self or others, suicide, destruction of property, cruelty to animals, intense anger, use of drugs, alcohol or cigarettes, and fighting.*

Has you experienced any other of these types of losses or changes?

A move	Yes	No	Separation/divorce/remarriages	Yes	No
New school	Yes	No	New responsibilities at home	Yes	No
New job	Yes	No	Abandonment	Yes	No
New caregivers	Yes	No	Other losses	Yes	No

If yes to any, please explain:

What do you hope to gain from attending?

Has you ever participated in individual therapy or attended a support group? Yes No

If yes, please provide the counselor/therapist/social worker's name(s) and time period of counseling.

What is important for Annie's Hope to know about your social, emotional, learning, physical, or psychological needs so we may help you be successful in our programs?

How can we best support you in light of these needs?

What additional information would you like to share?

Annie's Hope believes in the dignity and the intrinsic worth of every human being. We welcome, affirm, and support children, teens, and adults of all abilities and disabilities, experiences, races, ethnicities, socio-economic backgrounds, sexual orientations, gender identities and expressions, religion and non-religion, citizenship and immigration status, and any other category people use to define themselves or others. We strive to create safe and inclusive environments that celebrate diversity and foster positive relationships.

The next pages are for your PARENT OR GUARDIAN to complete.

Teen's name: _____

Name of person completing this form about the teen: _____

Please describe the teen's personality, hobbies, talents, struggles, likes, dislikes, etc.:

Grief Behaviors:

Please select a number on a scale from 0 – 10 that represents how often the teen shows each of these behaviors.

0	1	2	3	4	5	6	7	8	9	10
Never		Rarely		Occasionally		Frequently		Very Frequently		Always

- | | | |
|--|--|---|
| 1. _____ Afraid of the dark | 12. _____ Over eating | 23. _____ Cruelty to animals |
| 2. _____ Afraid to go to bed | 13. _____ Loss of appetite | 24. _____ Hurtful behavior to others (bullying, name calling, etc.) |
| 3. _____ Nightmares | 14. _____ Attachment to parent or guardian | 25. _____ Hurtful behavior to self (cutting, hair pulling, etc.) |
| 4. _____ Difficulty sleeping | 15. _____ Overprotective behavior towards others | 26. _____ Use of drugs |
| 5. _____ Over sleeping | 16. _____ Withdrawal from family | 27. _____ Use of alcohol |
| 6. _____ Bed wetting | 17. _____ Withdrawal from friends | 28. _____ Use of cigarettes |
| 7. _____ Improved school grades | 18. _____ Obsession with death | 29. _____ Change in sexual activity |
| 8. _____ Lowered school grades | 19. _____ Increased arguing | 30. _____ Participation in risk-taking activities (not wearing a seatbelt or helmet, speeding, free climbing, etc.) |
| 9. _____ Difficulty concentrating | 20. _____ Intense anger | 31. _____ Thoughts of suicide |
| 10. _____ Afraid of hospitals, physicians or their offices | 21. _____ Physical fighting | 32. _____ Attempted suicide |
| 11. _____ Repeated illnesses | 22. _____ Destruction of property | |

Please add any details about any of the behaviors listed above, especially *hurtful to self or others, suicide, destruction of property, cruelty to animals, intense anger, use of drugs, alcohol or cigarettes, and fighting.*

To raise money for our programs, Annie's Hope applies for grant money from foundations and corporations.

To submit successful grant applications, we need answers to the following questions.

Please remember your answers are strictly confidential and optional.

Does this teen qualify for a free or reduced school lunch program? Yes No

Does your family receive assistance from the TANF (Temporary Assistance for Needy Families) **program?** (Formerly known as ADC – Aid to Families with Dependent Children). Yes No

Does your family receive SSI (Supplemental Security Income – NOT Social Security)? Yes No

Does your family receive SNAP (Supplemental Nutrition Assistance Program) **benefits?** (Formerly known as Food Stamps.)
Yes No

Does this teen identify with an organized religion? Yes No

If yes, please state the religion: _____

With what race does the teen identify? Check all that apply.

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White or Caucasian

Another option not listed here (please specify): _____

With what ethnicity does the teen identify?

Hispanic, Latino, or Spanish origin Not of Hispanic, Latino, or Spanish origin

Does this teen have health insurance coverage? Yes No Unknown

If yes, is it Medicaid? Yes No Unknown

If yes, does the plan include mental health coverage? Yes No Unknown

Signature of the TEEN: _____ **Date:** _____

Signature of PARENT/GUARDIAN: _____ **Date:** _____

Please remember to submit PART 2 (health information, waivers, behavior agreement).

Applications for Camp will not be considered until all application parts are received.

Please submit completed applications by mail, email or fax to:

Annie's Hope – The Center for Grieving Kids

Mailing address: 1333 W. Lockwood, Suite 104 • Glendale, MO 63122

Email: applications@annieshope.org

Fax: (314) 918-1438

For questions or concerns, please contact Annie's Hope at (314) 965-5015.