



# BEREAVED FAMILIES OF ONTARIO - Cornwall & Area

We can help the healing begin

216 Montreal Road, Cornwall, ON K6J 3P4 613 - 936 - 1455 Fax: 613 - 936 -1682

## REFERRAL FOR SUPPORT FORM

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: Home \_\_\_\_\_ Work \_\_\_\_\_

NAME OF - PARENT/GUARDIAN: \_\_\_\_\_

RELATIONSHIP TO THE CHILD: \_\_\_\_\_

ADDRESS (If different from above): \_\_\_\_\_

NAME OF DECEASED PERSON: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TYPE OF LOSS:  Child  Spouse  Partner  Parent  Sibling  Loss to Suicide  Other \_\_\_\_\_

CIRCUMSTANCES OF THE DEATH AND NATURE OF POSSIBLE PROBLEM: i.e. was the cause of death sudden/expected, what are some of the difficulties the person is experiencing ie: emotions of anger, guilt, depression.

### NAME OF AGENCY OR PERSON REQUESTING SUPPORT

*Please print name*

*(Agency)*

*Please sign*

**IMPORTANT:** Please note that with this request **BFO WILL INITIATE CONTACT** with your client by phone and an individually prepared Bereavement Package will be mailed and future quarterly Bereavement Support Newsletter to provide your client with update information on BFO upcoming supportive programs and services.