



# NEAR NORTH PALLIATIVE CARE NETWORK

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## Near North Palliative Care Network Bereavement and Grief Services 13-MONTH SUPPORT PROGRAM REPORT

Name of Bereaved: \_\_\_\_\_ Age: \_\_\_\_\_ Client #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Name of Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Relationship to the Bereaved: \_\_\_\_\_

FORM	DATE MM/DD/YY	PAMPHLETS/LITERATURE	INITIAL
<b>Bereavement Card Sent</b>			
<b>1st Contact Letter</b> (1 month after death)			
<b>Telephone Contacts:</b>			
<b>1<sup>st</sup> Contact</b> (3 months after death plus follow-up with letter if no response to message)			
<b>2<sup>nd</sup> Contact</b> (6 months after death plus follow-up with letter if no response to message)			
<b>Christmas Preparation</b> (to be done at the end of October)			
<b>Anniversary Letter</b> (to be done 1 week prior to date of anniversary)			
<b>Send letter/notice</b> of upcoming 8-Session Grief Support Group			
<b>Send notice</b> of any appropriate Bereavement event hosted by NNPCN			
<b>Send discharge letter</b> with evaluation			
<b>Discharge Date</b> (One month after anniversary. At the end of the month)			
<b>Office Use Only:</b>			
Add to newsletter distribution			
Add to yearly appeal 2 <sup>nd</sup> Christmas after death			

**NOTE:** these steps are to be taken exclusively with the expressed consent of the Bereavement client to the Office.

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**10 Thirteen-month Support Program Report (VOLUNTEER) - 2016-11-05**