

Application for Bereaved Families



FAITH'S LODGE

a place where hope grows

To provide you with the best possible experience at Faith's Lodge, your application must be filled out completely. Please be assured that all information will remain confidential and is being used solely for informational purposes. We regret that we will be unable to review and process incomplete applications. **A \$35 non-refundable fee must accompany your guest application.**

Please call 715-866-8200 if you have any questions.

Please indicate your preferred dates of stay: *You may select any number of nights, from one to five, within your preferred time frame.*

(1) _____ (2) _____ (3) _____

Please refer to the online guest calendar for available dates. The suggested minimum donation to stay at Faith's Lodge is \$35 per room per night. Scholarship options are available.

Person completing this application: _____

Person who referred you to Faith's Lodge: _____
(name and occupation/relationship)

Please share the name of your child who has died _____ Date of birth _____

Cause of death _____ Age at time of death _____ Date of death _____

Family members staying at Faith's Lodge:

Mother's Name: First _____ Last _____

Father's Name: First _____ Last _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone (*father*) _____ Work Phone (*mother*) _____

E-mail address _____

Name(s) and age(s) of all your other children who will be staying at Faith's Lodge:

Name _____ Birth date _____ Relationship _____

Name _____ Birth date _____ Relationship _____

Name _____ Birth date _____ Relationship _____

Name _____ Birth date _____ Relationship _____

Do any of your children have an IEP (individualized education plan)? If yes, please explain.

Emergency contacts:

Name _____ Address _____

Home Phone _____ Cell Phone _____

Name _____ Address _____

Home Phone _____ Cell Phone _____

Who/what has helped you/your family since your child's death and in what way?

Have you or anyone in your family been in any support groups or counseling? If yes, please explain how it has been helpful.

Describe any specific concerns that you or your spouse/partner has relating to your grief process and healing journey:

Describe any specific concerns that you or your spouse/partner have relating to your surviving children or any concerns that you've heard them express relating to their sibling's death:

How would you describe your family's communication regarding your child's death?

___Open ___Adequate ___Very Little ___Avoided ___None ___Desire More

Does anyone in your family have any health problems or allergies that we should be aware of? If so, please explain.

Is anyone in your family currently taking any prescription medication? If so, please list the name of the medication and the person taking it.

Please tell us about any special interests or hobbies.

What are your expectations or hopes for your stay at Faith's Lodge?

Is there anything else that you would like to share that will allow us to better serve you as guests of Faith's Lodge?

Every effort will be made to honor your requested date of stay; however, space is limited. Applications are processed in the order received and all information is confidential.

I/we understand and recognize staying at Faith's Lodge is contingent on approval of this application as well as compliance with all conditions, qualifications and restrictions designated by Faith's Lodge.

Signature _____ Date _____

Signature _____ Date _____

Once your registration form is complete, you may scan and e-mail it to enyberg@faithslodge.org or mail it to:

Ev Nyberg
Manager of Lodge Operations
Faith's Lodge
6942 County Road C
Danbury, WI 54830

We look forward to welcoming you to Faith's Lodge, and hope it will be a haven that allows you and your family to relax, reconnect and continue your healing journey.

Faith's Lodge Referral Source Assessment

Each couple and family that expresses an interest in visiting Faith's Lodge must receive a referral from a member of their healthcare team or faith community, a mental health professional or an approved support organization, such as the Ronald McDonald House.



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Please fill out this form completely to facilitate the application process. If you have not spoken with a staff member prior to making this referral, you will be contacted once the application is received.

Name and title of person completing assessment _____

Organization _____ Phone _____

Name of child who has died _____

I fully understand what will be available to families at Faith's Lodge.

I have discussed in detail with this family what Faith's Lodge has to offer.

Comments _____

Signature _____ Date _____

Please note: A **\$35 non-refundable application fee must accompany each guest application.** The suggested minimum donation to stay at Faith's Lodge is \$35 per room per night for first-time guests. There is a \$95 fee per room per night for all return guests.