



FAITH'S LODGE

GUEST APPLICATION FORM FOR BEREAVED PARENTS

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 \$25 non-refundable application 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 our on-line guest calendar for available dates. The cost to stay at Faith's Lodge is \$25 per night. Scholarship options are available.

Person completing this application: _____

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

How did you learn about Faith's Lodge: _____

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

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

Mother's Name: First _____ Last _____

Father's Name: First _____ Last _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail address _____

Emergency Contacts:

Name _____ Address _____

Home Phone _____ Cell Phone _____

Name _____ Address _____

Home Phone _____ Cell Phone _____

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

Have either of you been in any support groups or counseling? If yes, please explain how it's been helpful.

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

How would you describe you and your spouse's/partner's communication regarding your child's death:

Open Adequate Very Little Avoided None Desire More

Does either of you have any health problems or allergies that we should be aware of? If so, please explain.

Are either of you currently taking any prescription medication? If so, please list the name of the medication and who is 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 send it via e-mail to enyberg@faithslodge.org or mail it to: Evelyn Nyberg, Lodge Manager, 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 to find comfort, peace and hope during your healing journey.



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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.

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 _____

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 _____