



Be Brave for Isla

"when words aren't enough"®

Bereaved Parent Counseling Program Application Form

Personal Information

Full Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact: _____

Child's Information

Name of Child (or Nickname): _____

Date of Birth: _____

Date of Death: _____

Cause of Death (if known): _____

Household Information

Number of Adults in Household: _____

Number of Children in Household: _____

Annual Household Income (please circle or highlight one):

- | | |
|-----------------------|-----------------------|
| ▪ \$30,999 and under | ▪ \$61,000 - \$70,999 |
| ▪ \$31,000 - \$40,999 | ▪ \$71,000 - \$80,999 |
| ▪ \$41,000 - \$50,999 | ▪ \$81,000 and above |
| ▪ \$51,000 - \$60,999 | |

Documentation of your annual income will need to be submitted and confirmed by our therapy partner's office

Source(s) of Income (e.g., employment, government assistance, child support):

Are you currently receiving any form of counseling or therapy? If yes, please specify:

Reason for Seeking Counseling Support

Please briefly describe your experience and the impact of the loss of your child on your mental and emotional well-being:

Statement of Need

Please explain why you are applying for financial assistance through the Bereavement Counseling Program for Parents and how it would benefit you and your family:

Consent

By signing below, I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may result in disqualification from the program. I authorize Be Brave for Isla to verify the information provided and to contact me for additional information if necessary.

Signature: _____

Date: _____

Please submit your completed application form along with supporting documentation of annual household income to Be Brave for Isla via email at support@bebraveforisla.org or by mail to PO Box 26586, Birmingham, AL 35260. If you have any questions or need assistance completing the application, please contact us at (205) 286-2205 or support@bebraveforisla.org. Thank you for your interest in the Bereavement Counseling Program for Parents. We will review your application and contact you regarding the status of your request as soon as possible.