

Helping Families Heal Application for Services

Office Location: 104 S Crysler Ave, Independence, MO 64050

Phone: 816-274-1787

Email: contact@hfhmo.org

We understand that the loss of a child is an unimaginable grief. We are here to offer compassionate support and guidance during this difficult time. Please complete this application to help us understand your needs and how we can best serve you.

Applicant Information

Full Name:	
Address:	
Phone Number:	
Email:	
Relationship to Deceased child:	

Child's Information

Child's Full Name:	
Child's Date of Birth:	
Child's Date of Passing:	

Requested Services (Please check all that apply)

- Financial Assistance
- Grief Support Group
- Individual Grief Counseling
- Mental Health Resources
- Other (Please Specify)

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Financial Information (If applying for financial assistance)

Household Income:	
Number of Dependents:	
Funeral Expences (Estimated):	
Additional details you would like to share:	

Additional Information:

Please share any additional information that you feel may be relevant to your request. This can include the circumstances surrounding your child's passing, any specific concerns you have, or any other details you would like us to know.

Your Story:

We invite you to share your child's story with us. This can be a brief description, a favorite memory, or anything else you wish to share. We believe in the power of remembering and honoring your child's life.

Confidentiality:

All information provided in this application will be kept strictly confidential.

Next Steps:

Once we receive your application, a member of our team will reach out to you to discuss your needs and eligibility for services.

We are deeply sorry for your loss. Please know that you are not alone. We are here to help support you on your journey of healing.

**With heartfelt condolences,
The Helping Families Heal Team**