



BP8 Partner Site Application

(Must be completed in full prior to submission. Please allow for two weeks' response time).

"BP8," is an 8-week, 1 hour per week for 8 weeks, peer-based grief support group facilitated by Brooke's Place for Grieving Young People at partner sites for ages 6-29 and adult caregivers. These optional groups will be interactive, age appropriate, confidential, and focused solely on supporting those who have **experienced the death** of a loved one. Through interactive discussions, games, art, and music, participants will **build supportive relationships and learn how to cope with difficult thoughts and emotions that come with death-related grief.**

PLEASE E-MAIL COMPLETED APPLICATION TO: JB@BROOKESPLACE.ORG

PLEASE MAIL COMPLETED APPLICATION TO:

BROOKE'S PLACE FOR GRIEVING YOUNG PEOPLE, 8935 N. MERIDIAN ST., STE.200, INDPLS., IN 46260, ATTN: Jacqueline Bell (JB)

PLEASE FAX COMPLETED APPLICATION TO: ATTN: JB, 317-705-9654

Applicant Information

Organization Name:			
Organization Address:	Street Address		Suite #
	City	State	ZIP Code

Organization Contact Name:	First Name	Last Name
----------------------------	------------	-----------

Will the above Organization Contact also be the Partner Site Coordinator to work hand in hand with the BP8 Staff Coordinator?	YES	NO	If NO, Name of Partner Site Coordinator:
	<input type="checkbox"/>	<input type="checkbox"/>	
			Phone
			Email

How did you hear about Brooke's Place?	
--	--

Desired Day of the Week	Desired Group Start Date	Desired Group Start Time	No. of Grieving Youth to be enrolled (Must have 6 minimum)	How many confidential rooms do you have available?
-------------------------	--------------------------	--------------------------	--	--

Age range of grieving youth to be enrolled: Select all that pertain.	<input type="checkbox"/> 6-9	<input type="checkbox"/> 10-12	<input type="checkbox"/> 13-15	<input type="checkbox"/> 6-9	<input type="checkbox"/> 16-18	<input type="checkbox"/> 19-29	<input type="checkbox"/> Adult Caregiver	What is the hourly in-kind space dollar value equivalent per room?
--	------------------------------	--------------------------------	--------------------------------	------------------------------	--------------------------------	--------------------------------	--	--

Will the site plan on sending a staff member to participate in a Brooke's Place's Facilitator Training, free-of charge with a commitment of co-facilitating FOUR BP8's within an 18 month period?	YES	NO	If yes, Name of representative to be trained:
	<input type="checkbox"/>	<input type="checkbox"/>	
			Phone #
			Email

Have any of the grieving youth to be enrolled been impacted by Homicide?	YES	NO	Do any of the grieving youth to be enrolled live in a Spanish speaking household?	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What % of the grieving youth to be enrolled have difficulty with access to services that hosting a BP8 at your site would provide to them?	
--	--