



Parent / Guardian Name: \_\_\_\_\_

**Additional Children Needing Services**

*Please complete the below information for any children that will use Heartlinks*

**4** Full Name \_\_\_\_\_ DOB \_\_\_\_\_  
Gender \_\_\_\_\_ Race / Ethnicity \_\_\_\_\_ Age at time of loss \_\_\_\_\_  
Preferred Pronouns:  She/Her  He/Him  They/Them  Self-Identify: \_\_\_\_\_

**5** Full Name \_\_\_\_\_ DOB \_\_\_\_\_  
Gender \_\_\_\_\_ Race / Ethnicity \_\_\_\_\_ Age at time of loss \_\_\_\_\_  
Preferred Pronouns:  She/Her  He/Him  They/Them  Self-Identify: \_\_\_\_\_

**6** Full Name \_\_\_\_\_ DOB \_\_\_\_\_  
Gender \_\_\_\_\_ Race / Ethnicity \_\_\_\_\_ Age at time of loss \_\_\_\_\_  
Preferred Pronouns:  She/Her  He/Him  They/Them  Self-Identify: \_\_\_\_\_

**7** Full Name \_\_\_\_\_ DOB \_\_\_\_\_  
Gender \_\_\_\_\_ Race / Ethnicity \_\_\_\_\_ Age at time of loss \_\_\_\_\_  
Preferred Pronouns:  She/Her  He/Him  They/Them  Self-Identify: \_\_\_\_\_