



Grief & Bereavement Resource Center, Inc

501 State Street, Suite B

Phone: 803-386-9069 / Email: <https://griefandbereavementrc.org/>

FAMILY / INDIVIDUAL CHECKLIST OF BASIC DAILY LIVING NEEDS

FULL NAME: (First and Last) _____

CHILDREN ____ Yes ____ No **Place a Check Mark**

MARRY: ____ **SINGLE:** ____ **WIDOW:** ____ **Place a Check Mark**

ADDRESS: _____

PHONE CONTACT: _____

EMAIL ADDRESS: _____

FAMILY MEMBER CONTACT IN CASE OF EMERGENCY: _____

- BASIC FOOD, CLOTHES AND PERSONAL HYGEINE ITEMS**
- ASSISTANCE WITH HOUSEHOLD ITEMS (FURNITURE AND CLEANING ITEMS)**
- EMERGENCY FINANCIAL ASSISTANCE ONLY: FOR EXAMPLE: RENT, MORTGAGE, CAR PAYMENT OR MAINTEANANCE, FUNERAL EXPENSES OR EDUCATION**
- MENTAL HEALTH COUNSELING OR GRIEF COACHING**