

# Family Bereavement Support Assessment

## Basic Information

Assessor Name

Date

Family Member(s) Name(s)

Contact Information

## Deceased Information

Name

Relationship to Family

Date of Death

## Family Situation

Household Members

Circumstances Around Death

## Bereavement Needs Assessment

Emotional Support Needs

Current Support Systems

Practical Support Needs

**Risks and Concerns**

Immediate Risks or Concerns

Children or Vulnerable Persons Concerns

**Follow-up Plans**

Actions to be Taken

Referrals Made

Date of Next Contact