



Today's date: 9/29/25
Name: Racheal Schulz
Email: ramsnoopy@gmail.com
Mailing address: 7912 Fairmont Dr Waxhaw, NC 28173
Phone number: 803-769-9403
Pronouns: She
Days/times for a one-time registration phone call: **Any afternoon**
Emergency contact name and phone number:
How did you hear about us? Therapist referral
Name of person lost/relationship/age: Dylan Levy 28
Pronouns: He
If spouse, wedding anniversary:
Loved one's birthday: 4/9/1996
Your birthday: 6/13/1995
Date of the loss: 12/31/24

Please put an X at the end of the paragraph and type your name after reading the following statement regarding confidentiality and the group structure:

I acknowledge that everything shared in this support group and my one-on-one conversation with the facilitator is private and confidential. I will not discuss information shared in the group with anyone outside of the group. I also acknowledge that the support group is peer-facilitated, no one is a mental health professional, and it is not therapy or a therapeutic group.

X

Your name: Racheal Schulz Date: 9/29/2025