



120 Cliff Street
 P.O. Box 913
 Norwich, CT 06360
 (860) 886-7511
 www.BethsaidaCT.org

WE CARE Permission to Post My Loved One

I hereby give permission for my loved one's photo, name, age (at passing) and date of death to appear on the WE CARE website. I understand the photo and demographic information are to be used solely for the purposes of posting on the Bethsaida Community Inc.'s WE CARE "Loved Ones" website page and waive any rights of compensation or ownership thereto. I understand I may have my Love's One's information removed at any time by sending an emailing to WeCare@BethsaidaCT.org

Name of Loved One: _____ **Gender:** _____

Loved One's age at passing: _____

Date Loved One passed: _____

Name of Family Member giving permission to post (please print): _____

Relation to Loved One: _____

Family Member's Signature: _____

Date: _____ **Phone #:** _____ **Email:** _____

Brag Statement: _____

(Ex. John was an amazing guitarist)

For advocacy efforts, please consider answering the following and check all that apply. All questions are optional

Did your loved one's addiction with opioids/heroin start because of:

An injury and s(he) was prescribed medications Yes No Increased recreational use Yes No
 Other Yes No please explain: _____

At the time of passing, my loved one was: Homeless or at risk of homelessness?

Yes No If yes, which applies? If no, please continue to treatment questions on page 2.

- Living in an uninhabitable place (a car, an abandoned building, a tent, etc.)
- Living in a temporary living situation (a shelter, transitional housing, hotel paid for by an agency, etc.)
- Had exited an institution (jail, hospital) where (s)he resided 90 days or less and was in a shelter prior to entry
- Had exited an institution (jail, hospital) where (s)he resided 90 days or less and was in an uninhabitable place prior to entry
- Had exited an institution (jail, hospital) where (s)he resided 90 days or more and was in a shelter prior to entry
- Had exited an institution (jail, hospital) where (s)he resided 90 days or more and was in an uninhabitable place prior to entry
- At risk of homelessness – losing housing in 14 days, no other residence, and lacked resources to support housing
- 24 years old or younger
- Fleeing, or attempting to flee domestic violence
- "Doubled – up" (Bouncing from couch to couch – able to stay in someone else's home or apartment for a short time)
- Other (please explain): _____

Prior to passing, my loved one was provided treatment:

Detoxification services Yes No If no, please see below. Total # of times: _____

If yes, estimated dates and locations: _____

Inpatient treatment services Yes No If no, please see below.

If yes, estimated dates and locations: _____

Outpatient treatment services Yes No If no, please see below.

If yes, estimated dates and locations: _____

Medication assisted treatment services Yes No If no, please see below.

If yes, what medication was given: _____

If no treatment or medications provided, was your loved one trying to get treatment? Yes No

Yes, my loved one was trying to get treatment, was rejected and given the following reason(s):

- No bed openings
 - Insurance will not cover the care. Please list the insurance carrier _____
 - Drug use levels are not high enough to warrant treatment. Please list the facility and the date rejected: _____
-

What contributed to your loved one not getting the care S(he) needed?

- Difficult to get detox services Difficult to get inpatient services Difficult to get outpatient services
 - Difficult to find Recovery Housing after treatment S(he) was not interested
 - Other _____
-

Would you be interested in joining an advocacy group to change CT policies?

- Yes No Maybe _____
-

Comments: _____

Thank you for taking the time to share your loved one's information.

We wish you strength and courage with your journey, and a strong voice for advocating for changes to Connecticut's policies.

Please fax this form to (860) 886-7512 or email to WeCare@BethsaidaCT.org Use the same email for sending photos.