LOMA LINDA UNIVERSITY MEDICAL CENTER
LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL
LOMA LINDA UNIVERSITY COMMUNITY MEDICAL CENTER

GRIEF PROGRAM PUBLICATIONS

Loma Linda University Medical Center and Children's Hospital

CARE Folder (Comfort And Recovery Experience)
This special packet was designed to guide families through the grief process following the death of an adult family member. The folder includes information on the grief process as well as a page of poetry and other words of comfort. Also included is a discussion on how the death of a family member impacts children, and a listing of local resources and local support groups.

CARE folder $5.00 each Quantity _____ Amount $_____

HOPES Folder (Healing of Parents Experiencing Sorrow)
Similar to the CARE folder, this packet is designed for families who are grieving the death of a child. In addition to the items listed in the CARE folder, this folder includes a booklet entitled *"Shattered Dreams"* that discusses each phase of the grief process as it specifically relates to the death of a child.

HOPES folder $5.00 each Quantity _____ Amount $_____

RTS Folder
This folder provides information for families who are grieving following a miscarriage or stillbirth or after the death of an infant. *"Empty Arms and Aching Hearts"* is a small booklet included in this folder that describes the grief process and some of the unique difficulties of grieving the death of a baby.

RTS folder $5.00 each Quantity _____ Amount $_____

SEASONS Folder (Sensitive Emergency Approach to Significant Others' Needs in Sorrow)
This folder provides information specific to unexpected deaths. Because there is usually no time to say good-bye, a sudden or traumatic death is one of the most difficult losses to grieve. The materials in this packet will help family members sort out their feelings as well as give some practical advice about issues that need to be taken care of following a sudden death.

SEASONS folder $5.00 each Quantity _____ Amount $_____

Subtotal $_____
California residents add 7.75% Sales tax $_____

Total $_____

Name _____ Title _____

Organization _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____

Please mail check or money order to:

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Loma Linda University Medical Center, Room 4011
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