

How Can We Help? A Guide to Providing Assistance and Support

This resource is created to assist individuals or families who are grieving, offering practical suggestions for how others can provide meaningful support. It includes clear options to minimize back-and-forth communication, making it easier to know how to help.

The packet also gives those grieving a simple way to communicate their needs and preferences for support.

While this is just one approach, it serves as a helpful starting point for initiating these important conversations.





Grief Connection Space, LLC. specializes in partnering to create grief informed communities through workshop facilitation, presentations, community education and resources.

Email:

hello@griefconnectionspace.com

Website:

www.griefconnectionspace.com

Connect with us on Socials

in LinkedIn: Grief Connection Space, LLC.

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HOW CAN WE HELP? OPTIONS LIST





Support Provider Name:	Email:	Phone:					
 I can offer the following support (please check options below). Support Recipient - Name: Email: Phone: 							
Support Recipient - Name:	N-S SHEETS	3902 30 0000005 0000005					
 I am open to someone providing support (please check options below): 							
MEALS OR FOOD PREP		CHORES					
Bring Ready To Eat Meals Bring frozen/eat later meals Dine with person or family at restaurant Offer to come over and eat with them Invite them to a meal in your home Gift cards for preferred restaurants: Bring disposable cups, plates, cutlery	t 0000	Take trash and recycling to and/or from curb Pet care: feed, walk, or clean up after them Bring trash/recycling bins to/ from curb Mow lawn Snow removal - Sidewalks and/or driveway					
HELP WITH CHILDREN/OTHERS		CLEANING HOUSE					
 Help with transportation to/from Bring kids home to/ from school Take to extracurriculars/activities Babysitting Playdates 	Griei	Laundry Help with dishes Help with general cleaning and straightening					
	Space	OFI FOARF					
PAPERWORK		SELFCARE					
 Assistance with gathering paperwork Calling necessary organizations Writing thank you notes / acknowledgements 	000	Join me for a walk or movement activity I would appreciate religious/spiritual companionship Body Doubling or silent support					
Assistance writing obituary or services							

Meal Preference Checklist



Recipient: Please clearly mark which options you are open to for receiving support. Please provide as many details as you can if necessary.

Contact: Name	Contact: Name Phone					
Address:						
MEAL DELIVERY OPTIONS				S M T W T F S NOTES		
Ok to bring meals: Ready to eat/ Frozen				000000		
Gift Cards for restaurant	000000					
Open to eating with you,	000000					
O At your home O A	At at restaurant	0 0	Other	000	0000	
				000	0000	
		Grief Connec	ction	000	0000	
FOOD PREFERENCES: Ma	ark any that ap	Space				
	an Vegetaria		Other:			
Protein Preferences: Ch	nicken Beef	Pork	Tofu	Fish	Shellfish	
Allergies or sensitivities?	○ No ○ Ye	es, please	provide i	nformation:		
Food preferences/dislike	PS:					
MEAL CAND DECTALIDA	NITO					
MEALS AND RESTAURA	NIS	Pre	eferred Re	estaurants/M	eal delivery app	
Preferred Meals:			(UberEats, D	oor Dash, etc.):		
		Grief	otion			
		Space	0 41 0 1 1			
Comments, Notes, Mea	l delivery Instr	uctions, e				
Time Frame for drop off:	Delivery Location (porch, cooler, etc.)					
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