

**Date:**

## **Psychosocial Risk Factors Screening Form for All Applicants**

**Grantee ID:**

**Participant ID:**

**Select individual classification [SELECT ONE]**

- Veteran
- Active Duty Member
- Veteran Family Member
- Active Duty Family Member

**If Family Member select relationship to individual [SELECT ONE]:**

- Veteran or Active Duty Member
- Family Member-parent
- Family Member-spouse
- Family Member-child
- Family Member-sibling
- Step-Family Member
- Extended Family Member
- Other Live-in Family Member

## Eligibility Status

Has eligibility status been confirmed (e.g., if a Veteran through SQUARES 2.0 or if Armed Forces Member or Family Member by other means)?

Yes

No

## Suicide Risk Factors

[SELECT YES IF HAS IMPACTED INDIVIDUAL'S MENTAL HEALTH AND WELLBEING WITHIN THE LAST 30 DAYS OR OTHERWISE SELECT NO FOR EACH RISK FACTOR]:

Mental health challenges	YES	NO
Substance use challenges	YES	NO
Serious chronic health conditions	YES	NO
Chronic pain	YES	NO
Traumatic brain injury	YES	NO
Prolonged stress	YES	NO
Stressful life events	YES	NO
Unemployment	YES	NO
Homelessness	YES	NO
Recent loss	YES	NO
Legal challenges	YES	NO
Financial challenges	YES	NO
Previous suicide attempts	YES	NO
Family history of suicide	YES	NO
History of abuse, neglect, or trauma	YES	NO

**Once the form has been completed, the number of "Yes" responses will be summed in the field below.**

**TOTAL:            /15**

**Use the **RED** button below to lock form before submission**

**Instruction: Please save the filled out form as  
[YYYYMMDD.HHMMam/pm.DataForm\_PsychoSocial.pdf]**

YYYYMMDD - Date (year month day)  
HHMMam/pm - Time (hours minutes)

**Use the **Gray** button below to submit the completed form**