

Date:

Veterans or Active Duty Intake Form

Grantee ID:

Select Individual Classification:

Veteran

Active Duty Member

Participant ID:

Veteran Family Member

Active Duty Family Member

Section 1. Demographics

Age at present [SELECT ONE]

18-24 years

25-34 years

35-44 years

45-54 years

55-64 years

65 or older

Race/Ethnicity [SELECT ALL THAT APPLY]

American Indian

Alaskan native

Asian

Black/ African American

Caucasian/ White

Hispanic or Latino

Native Hawaiian

Pacific Islander

Other

Prefer not to answer

Select "Not applicable" if answered something other than "Hispanic or Latino" to "Race/Ethnicity" question.

Please select Hispanic, Latino, or Spanish origin
[SELECT ALL THAT APPLY]

No specific designation

Cuban

Mexican

Mexican American

Chicano/a

Puerto Rican

Other Hispanic, Latino or Spanish origin

Prefer not to answer

Not applicable

What is your sex assigned at birth? [SELECT ONE]

Male

Female

Gender X

Unsure

Prefer not to answer

What is your gender identity? [SELECT ALL THAT APPLY]

Male

Female

Non-binary

Other

Prefer not to answer

Do you identify as transgender? [SELECT ONE]

Yes

No

Prefer not to answer

Marital Status [SELECT ONE]

Married or Domestic Partner

Divorced

Single

Never married

Previously married and separated

Widow/ Widower

Section 2. Military History and VA Benefits Review

Are you currently serving in the United States Military?
[SELECT ONE]

Yes

No

If you previously served or are currently serving, what was/is your most recent branch of service (Please select the parent service for Guard and Reserve personnel)
[SELECT ONE]

Army

Navy

Air Force

Marines

Coast Guard

Space Force

Public Health Service

National Oceanic and Atmospheric Administration

Other

Not applicable

Select "Not applicable" if answered "Not applicable" to question "If you previously served or are currently serving, what was/is your most recent branch of service?"

In what era did you or are you serving? [SELECT ALL THAT APPLY]

World War II (December 7, 1941, to December 31, 1946)

Service between January 1, 1947 and June 26, 1950

Korean conflict (June 27, 1950, to January 31, 1955)

Service between 1 February 1955 and 31 October 1955

Vietnam War era (November 1, 1955, to May 7, 1975, for Veterans who served in the Republic of Vietnam during that period. August 5, 1964, to May 7, 1975, for Veterans who served outside the Republic of Vietnam.)

Service between May 8, 1975 and August 1, 1990

Gulf War (August 2, 1990, to October 6, 2001)

Post 9/11 (October 7, 2001, to Present)

Not applicable

Select "Not applicable" if answered "Not applicable" to question "In what era did you or are you serving?"

**Please select your most appropriate discharge category.
[SELECT ONE]**

Honorable

General under Honorable Conditions

Other than Honorable

Bad Conduct

Dishonorable

Entry Level or Non-Characterized

Not applicable

Select "Not applicable" if answered "Not applicable" to question "Please select your most appropriate discharge category."

Did you sustain any physical or mental disabling injuries during your military service? [SELECT ONE]

Yes

No

Not applicable

Select "Not applicable" if answered "Not applicable" to question "Did you sustain any physical or mental disabling injuries during your military service?"

Have you received a VA Service-Connected Disability rating? [SELECT ONE]

Yes

No

Pending

Not applicable

Select "Not applicable" if answered "No", "Pending", or "Not applicable" to "Have you received a VA Service-Connected disability rating?"

What is your total combined VA Service-Connected Disability rating? [SELECT ONE]

0%

10%

20%

30%

40%

50%

60%

70%

80%

90%

100%

Not applicable

Do you receive a VA Pension? [SELECT ONE]

Yes

No

Pending

Not applicable

Are you enrolled in VA Healthcare? [SELECT ONE]

Yes

No

Pending

Select "Not applicable" if answered "Yes" to "Are you enrolled in VA healthcare?"

If eligible, are you interested in using VA Healthcare?

[SELECT ONE]

Yes

No

Undecided

Prefer not to answer

Not applicable

Please indicate which VA benefits, if any, you have ever received? [SELECT ALL THAT APPLY]

VHA- healthcare

Vet Center - community-based counseling

VBA - benefits i.e., GI Bill, Loan Guarantee, Compensation

NCA - burial and memorial

None

Not applicable

Select "Not applicable" if answered "None" or "Not applicable" to "Please indicate which VA benefits, if any, you have ever received."

When, if any, was the last time you received a VA service or benefit? [SELECT ONE]

Within the last year

More than one year

Not applicable

Do you have Health Care insurance? [SELECT ONE]

Yes

No

Skip if answered "No" to "Do you have health care insurance?"

What type of Health Care Insurance do you have?
[SELECT ALL THAT APPLY]

Health Insurance through a current or former employer or union
(of yours or another Eligible Individual member)

Health Insurance purchased on the Affordable Care Act
Healthcare Exchange (also known as Obamacare)

Medicare, for people 65 and older, or people with certain
disabilities

Medical Assistance such as Medicaid

VA healthcare

CHAMPVA

TRICARE

TRICARE for Life or other military health care

Private Insurance

Other

Section 3. Referral, Outreach and Previous Suicide Prevention Services

Were you referred to the SSG Fox SPGP? [SELECT ONE]

Yes

No

Select "Not applicable" if answered "No" to "Were you referred to the SSG Fox SPGP?"

Referring Organization/Entity: [SELECT ONE]

VA staff

Military personnel

University/College staff

Family physician

Family or friend

Church

Community based organization

Veteran Service Organization

Not applicable

Skip if answered "Not applicable" to "Referring Organization/Entity"

Referring Organization/Entity Location Zip Code:

Did you find out about SSG Fox SPGP as a result of an Outreach and Engagement Event? [SELECT ONE]

Yes

No

Skip if answered "No" to "Did you find out about SSG Fox SPGP as a result of an Outreach and Engagement event?"

Outreach and Engagement Event [SELECT ALL THAT APPLY]

- Awareness Walk/Ride/Challenge
- Congressional Event
- Mental Health Summit
- Military Base
- National Guard
- Readjustment Counseling Center
- Reserves
- Stand Downs
- Transitioning Service Member Event Veterans
- Benefits Fair
- Veterans Health Fair
- Veterans Service Organization Event
- Border Patrol
- Caregivers
- Chambers of Commerce
- Coalitions
- Communication and/or Media Organization
- Community Center
- Community Conference
- Community Health Fair
- Community Service Provider
- Educational Settings
- Faith-Based Organization
- Financial Institutions

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Funeral Homes
First Responders
Government
Gun Shows/Shops/Manufacturers/Organizations
Health Care Organization
Law Enforcement
Services
Mental Health Professionals
Military Base
School Employees
Social Service/Human Service Providers
Sports/Music/Other Entertainment Venue
Technology Company
In-person presentation
One on one
Booth/trade show style
Conference
Webinar
Mass mailing
Social media
Press interview
Marketing campaign
Family support
Other

Skip if answered "No" to "Outreach and Engagement Event"

Outreach Event Location Zip Code:

Skip if answered "No" to "Outreach and Engagement Event"

Date of Event:

Do you have any challenges that could limit your participation in the program?

Yes

No

Skip if answered "No" to "Do you have any challenges that could limit your participation in the program?"

Please select the challenges that best explain: [SELECT ALL THAT APPLY]

Transportation issues

Child care needs

Cognitive limitations

Ability to take time off of work

Financial constraints

Family constraints such as childcare

General time constraints

Physical Constraints

Have you previously received any of the following suicide prevention services? [SELECT ALL THAT APPLY]

Referral to Mental Health Care

Education

Emergency Clinical Services

Case Management

Peer support services

VA benefits assistance

Assistance with obtaining and coordinating other benefits provided by the federal government, a state or local government, or an eligible entity (Benefits Coordination)

Assistance with emergent needs relating to health care services, daily living services, personal financial planning and counseling, transportation

Temporary income support services

Fiduciary and representative payee services

Legal services

Other

Never received suicide prevention services before

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

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

YYYYMMDD - Date (year month day)

HHMMam/pm - Time (hours minutes)

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