

Date:

Participant Communications Confirmation

Grantee ID:

Participant ID:

Select individual classification [SELECT ONE]

Veteran

Active Duty Member

Veteran Family Member

Active Duty Family Member

Were you informed that you could apply for enrollment in the VA healthcare system?

Yes but already enrolled

Yes and not currently enrolled

No

Were you informed that you are eligible for mental health services through VA?

Yes

No

Were you informed of a point of contact in the VA healthcare system who could assist you in enrollment?

Yes

No

Were you offered the opportunity to opt out of having VA share information about you with the grantee?

Yes

No

Did anyone within the grantee organization explain to you what suicide prevention services are available to you as part of participating in this program?

Yes

No

Was it explained to you that these services will be paid for by VA?

Yes

No

Was it explained to you that services also include assistance and coordination for the provision of other benefits provided by the Federal Government, a State or local government or other organization that is eligible to provide these services to you?

Yes

No

Was it explained to you that you have the opportunity to be involved in the development of the service plan (your own, as well as for the Veteran or Current Active Duty Member)?

Yes

No

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

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

YYYYMMDD - Date (year month day)

HHMMam/pm - Time (hours minutes)

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