

# VETERAN INTAKE AND REFERRAL GUIDE FOR CHWS:

(A directive notation for CHWs: Use this to determine service-level need and necessary next steps or referrals)

## Basic Information

*To be completed by the Veteran or support person (e.g., peer, friend, counselor).*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Years Served: \_\_\_\_\_

Eligibility for Veterans' Administration Services: \_\_\_\_\_

(If you don't know or don't want to share, that is ok. I am here to support your decisions.)

Access to any Veteran Documents: \_\_\_\_\_

(If you don't know or don't want to share, that is ok. I am here to support your decisions.)

Preferred Contact Method:  Phone  Text  Email  In-person \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

## Mental Health & Emotional Well-Being

*These questions are meant to check in, not diagnose.*

1. On a scale of 1 to 10, how would you rate your mental/emotional health right now?

1 (Very Poor)  2  3  4  5  6  7  8  9  10 (Excellent)

2. Have you been feeling overwhelmed, hopeless, or like a burden lately?

Yes  No  Sometimes

3. Have you had thoughts about harming yourself or ending your life?

Yes  No  Sometimes

If yes or sometimes: \_\_\_\_\_

When did these thoughts begin? \_\_\_\_\_

When was the last time you had these thoughts? \_\_\_\_\_

Have you made a plan?  Yes  No

Have you acted on it or attempted suicide before?  Yes  No

4. Who do you talk to when you're struggling? \_\_\_\_\_

5. Are you currently connected to a mental health provider or counselor?

Yes - Name: \_\_\_\_\_

No

## Firearm Safety & Planning

*Purpose: Encourage voluntary, safe practices without judgment.*

1. Do you currently own or have access to firearms?

We will not hold judgment, conduct a background check, nor inform authorities unless absolutely necessary.

Yes     No

If yes, how many? \_\_\_\_\_

2. Are your firearms currently:

Stored in a safe or locked container?     Yes     No

Unloaded when not in use?     Yes     No

Stored separately from ammunition?     Yes     No

3. Do others in your home know how to safely store or access your firearms in case of emergency?

Yes     No     Not Sure

4. Have you ever considered temporarily storing your firearms outside the home and property (e.g., with a trusted friend, local armory, gun shop) during a crisis?

Yes     No

If no, would you be open to talking more about this option?

Yes     No

5. What steps, if any, would help you feel safer right now regarding your firearms?

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## Connection & Resources

*Offering help should always be collaborative.*

1. Would you be open to talking with a Veteran peer support specialist or counselor?

Yes     No     CHW

2. Is there someone (friend, family, trusted person) you trust to talk to if you're feeling overwhelmed?

Yes - Name (not required): \_\_\_\_\_

No

3. Would you like to receive resources for:

Mental health support (VA, Vet Centers, etc.) non-VA support is also available

Safe firearm storage options

Crisis hotlines or text lines

Local Veteran community events/support groups

Other: \_\_\_\_\_

## If you're in crisis or need support now:

**Veterans Crisis Line: Dial 988, then press 1 or text 838255**

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