

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: _____

Access to DD214 _____

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

If yes:

When did these thoughts begin? _____

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?

☐ 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 (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?

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, battle buddy) you trust to talk to if you're feeling overwhelmed?

☐ Yes - Name: _____

☐ No

3. Would you like to receive resources for:

☐ Mental health support (VA, Vet Centers, etc.)

☐ 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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