

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 Sometimes

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, 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.)

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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