

EMAIL APPLICATION PROCESS

The Merritt Center staff, volunteers, and veteran mentors of the Basic Training for Life Returning Veterans Program created this questionnaire.

Thank you for your interest in our Veterans Program. The program consists of four weekend educational/experiential retreats in Payson with support from veteran mentors and volunteers over a six-month period. It is important to attend all four weekends to receive the benefits of this training.

Everything you tell us is confidential. The following is an explanation of confidentiality and its limits:

“What you share will not be released to any other party without your expressed consent. In order for this program to be a benefit to you, it is important that you be honest in the interview process. The Merritt Center keeps no medical records that might be released to other parties so what you discuss with us is private and confidential.

There are some limits to confidentiality based on the law that we have no control over and we need to let you know what those limits are. If you report that you are currently a danger to yourself or others (i.e., plan to kill or severely harm yourself or others) we have no choice but to report this in order to protect you and or the community. The law also mandates that if we hear of child or elder abuse or neglect, we must report this to the appropriate authorities. Information may also be shared for the purpose of care in a medical emergency. (A “need to know” basis)

If you understand the limits of confidentiality as stated, please indicate by typing YES”-----

Please provide the following information:

Name:

Date of Birth:

Contact phone number:

Email:

Home address:

This program is dedicated to veterans serving in a combat area, some – but very few- exceptions may be made.

When did you serve in the military?

Branch of service?

Rank at discharge?

Honorable discharge? Yes _____ No _____

If no, please
comment _____

This is an educational program, Basic Training for Life. This is neither a clinical program nor a treatment program. There are no clinical psychologists on call or in charge of the program.

The reason for this questionnaire is to determine if this particular program can assist you in your empowerment in dealing with disruptions in returning to civilian life. We typically do this process and then conduct a face-to-face interview. Then together, we will decide if this program can help meet your needs.

How did you hear about the program?

Did you receive a verbal description of the Program?

Do you have questions about the program?

How do you think the program would help you?

Do you have any special needs?

Medical?

Physical disability?

Dietary needs?

What is happening in your life today?

What is your daily routine?

How many hours of sleep do you get each night and do you feel rested when you wake?

Are you experiencing nightmares, flashbacks or intrusive thoughts?

Describe your appetite.

Describe your support system of friends and family.

Do you have angry outbursts?

Are you easily startled or placed on guard for no reason?

Do you have diminished interest in activities formerly enjoyed?

Do you have feelings of detachment from others?

Are you unable or have decreased ability to feel feelings?

Do you avoid situations that remind you of combat?

If yes. Please describe.

Are you currently receiving treatment from a medical doctor, psychiatrist, counselor, or other mental health professional?

If so, would you sign a release of information form that would allow the Merritt Center to contact these said parties if it were determined that you needed additional support that the Merritt Center could not provide you?

Do you ever drink alcohol?

If YES describe your drinking habits.

How often and what do you drink?

Have you ever neglected responsibilities in order to drink?

Have you drunk more than intended?

Tried to cut down but could not?

Have you had problems as a result of drinking such as an accident, relationship or job related problems?

Have you been using any other substances-including prescription or over the counter medications?

If YES How much:

How often:

And what you use:

Have you ever neglected responsibilities in order to use?

Used more than intended?

Tried to cut down but could not?

Have you had problems as a result of substance using, i.e.: financial hardships, an accident, and loss of a relationship or job related problems?

Have you ever thought of harming yourself?

Have you ever thought of harming someone else (in a non-combat situation)?

If yes, did you have a plan, did you act on it?

Are you feeling this way now?

If so, do you have a plan?

Do you carry a weapon?

This program requires that you be/remain clean (no drugs), sober (no alcohol) and not carry a weapon on the Merritt Center property. Are you able to do this?

If critical situations arise, would you sign release of information forms for your family physician and/or the VA?

Do you have any questions for The Merritt Center?

Please list questions or concerns you may have, related to participation in our program.

Thank you for completing the application form. Upon review we will contact you to set up an interview with a combat veteran or staff member. We look forward to providing and exploring whatever information you might need to commit to participating in the program and whatever information we need to decide how we might meet your needs.

What time would be good for you for us to set up an interview with a combat veteran mentor?

Thanks, again.

May this be the beginning of a healthy, supportive relationship.