

EMAIL APPLICATION PROCESS

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

Thank you for your interest in the program.

Everything you tell you is confidential. The following is an explanation of confidentiality and it's 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: _____

The reason for this questionnaire is to determine if this particular program can assist you in your recovery. 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 of situations that remind you of combat? _____

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 clean, sober and not carry a weapon on the Merritt Center property. Are you able to do this? _____

Would you sign release of information forms for your family physician and 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.