

**Department of Veterans Affairs (VA)**  
**Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP)**  
**Eligibility Screening Form**

**Purpose**

The SSG Fox Eligibility Screening form must be used by eligible entities that participate in the SSG Fox Suicide Prevention Program for a one-time capture to determine eligibility. Grantees will need to first review Veteran status and potential risk for suicide. This form will assess the presence of potential suicide risk factors. For the purposes of this program, risk of suicide means exposure to, or the existence of, any of the following factors as defined by 201(q)(8)(A).

**Instructions**

The form must be completed for each potential individual screened by the grantee. If one or more suicide risk factors are present, grantees will then administer a suicide risk screening to complete the process and attain an eligibility determination. Additional information for using the form will be available upon eligible entity award.

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

**Agency or Provider ID Code:** \_\_\_\_\_

**First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Eligibility Status**

An eligible individual must one of the following:

(A) a veteran as defined in section 101 of title 38, United States Code; [38 U.S. Code § 101](#), or

(B) an individual described in section 1720I(b) of such title [38 USC 1720I](#); or

(C) an individual described in any of clauses (i) through (iv) of section 1712A(a)(1)(C) [38 U.S.C. 1712A](#) of such title

Is the person confirmed to be an eligible individual?

**YES**  **NO**

If yes- Check all that

**If Yes continue to next section. If No, refer out to community resources.**

**Suicide Risk Factors**

Impacts on individual's mental health and wellbeing within the last 30 days?

(Mark yes or no for all that apply)

1. Health risk factors

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. mental health challenges                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. substance use challenges                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. serious or chronic health conditions or pain | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. traumatic brain injury                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

2. Environmental risk factors

- |                          |                              |                             |
|--------------------------|------------------------------|-----------------------------|
| a. prolonged stress      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. stressful life events | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. unemployment          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

- d. homelessness  YES  NO
- e. recent loss  YES  NO
- f. legal or financial challenges  YES  NO
- 3. Historical risk factors,
  - a. previous suicide attempts  YES  NO
  - b. family history of suicide  YES  NO
  - c. history of abuse, neglect or trauma  YES  NO

TOTAL: \_\_\_/13

Veteran has endorsed at least 1 YES on the list of the risk factors.  YES  NO

If yes, please proceed to the suicide risk screening, Columbia-Suicide Severity Rating Scale (C-SSRS) to complete the process and attain an eligibility determination.

If No, refer out to community resources.