

## The Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP) Program Exit Checklist

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**Purpose**

The SSG Fox SPGP Program Exit Checklist must be used by eligible entities that participate in the SSG Fox Suicide Prevention Grant Program for a final capture of assessments for the Baseline Mental Health Screening. SSG Fox SPGP grantees must utilize this checklist to review whether the program carries out the appropriate assessments.

**Eligible Individual Identifier:** \_\_\_\_\_ **Date of Entry/Exit:** \_\_\_\_\_ / \_\_\_\_\_

**Complete when exit determination has been made:**

Exit Overview – Baseline Mental Health Screening Completed	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Socio Economic status (SES)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient Health Questionnaire (PHQ-9)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWS)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Generalized Self-Efficacy Scale
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interpersonal Support Evaluation List (ISEL-12)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran Satisfaction Survey sent

Exited for Other Reasons	
<i>*To be completed in addition to Exit Overview above</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Case manager has completed steps required by agency policy for these participants: <ul style="list-style-type: none"> <li>For nonresponsive participants, grantee has attempted contact the specific numbers of times and channels as required by the grantee's policies and procedures.</li> <li>Other reasons: Please indicate</li> </ul>

**Exit Summary:** \_\_\_\_\_

\_\_\_\_\_

**I confirm, to the best of my knowledge, that the above information is correct:**

SSG Fox SPGP Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I confirm, to the best of my knowledge, that the above requirements have been completed:**

SSG Fox SPGP Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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