

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">• For nonresponsive participants, grantee has attempted contact the specific numbers of times and channels as required by the grantee's policies and procedures.• Other reasons: Please indicate

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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