



# **THE LONE STAR VETERANS**

## **HEALTH INITIATIVE**

### **TLSVHI Veteran Intake Packet**

#### **PACKET CHECKLIST:**

<b>PERSONAL DATA</b>	<b>[ ]</b>
<b>MILITARY SERVICE INFORMATION</b>	<b>[ ]</b>
<b>HEALTH AND WELLNESS</b>	<b>[ ]</b>
<b>FITNESS &amp; NUTRITION GOALS</b>	<b>[ ]</b>
<b>TEXAS STATE ID COPY INCLUDED</b>	<b>[ ]</b>
<b>DD214 OR VETERAN ID COPY INCLUDED</b>	<b>[ ]</b>
<b>MENTAL HEALTH ASSESSMENT</b>	<b>[ ]</b>
<b>FINANICAL HEALTH ASSESSMENT</b>	<b>[ ]</b>
<b>ARBITRATION AGREEMENT</b>	<b>[ ]</b>
<b>ALL ACKNOWLEDGEMENTS SIGNED &amp; INITIALED</b>	<b>[ ]</b>

## SECTION 1:      **Personal Data & Information**

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

ICE Contact Name: \_\_\_\_\_

ICE Phone Number: \_\_\_\_\_

ICE Address: \_\_\_\_\_

## SECTION 2:      **Military Service Information**

Branch(s) of Service: \_\_\_\_\_

Years of Service: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

DD214 Provided:      Yes [    ]      No [    ] (*Attach Copy of DD214 to this Packet*)

If No DD214 – What Documentation do you have verifying Service? \_\_\_\_\_

Are you Currently Receiving Health Care through the VA or through one of its Affiliates?

YES [    ] NO [    ] OTHER ANSWER: \_\_\_\_\_

Would you like to receive information on VA Benefits?    Yes [    ] No [    ]

## SECTION 3:      Health & Wellness

### Physical Condition & Wellness:

Do you have any current conditions that you wish to self-report that might affect your participation in our health and wellness program?:

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Do you have any current limitations or injuries that you wish to self-report that might affect your participation in our health and wellness program?:

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Is there any other Information you wish to share to ensure your participation will be safe and effective?

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Primary Care Provider: \_\_\_\_\_

Contact Information : \_\_\_\_\_

### Mental Condition & Wellness:

Do you experience stress, anxiety, PTSD, or depression? \_\_\_\_\_

Are you currently receiving mental health support? \_\_\_\_\_

Emergency Contact Name, Address & Phone: \_\_\_\_\_

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## SECTION 4: Fitness & Nutrition Goals

Primary Fitness Goals: \_\_\_\_\_

Current Activity Level: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Current Weight: \_\_\_\_\_ lbs

Goal Weight: \_\_\_\_\_ lbs

### Consent & Acknowledgment:

I acknowledge that participation in this organization is voluntary: Yes [ ☐ ] No [ ☐ ]

#### 1. Medical Disclaimer & No Medical Advice Acknowledgment

**Medical Disclaimer :** *You MUST Initial each section indicating that you have read and understand each section and its relevance to the organization:*

INIT \_\_\_\_\_: I understand and acknowledge that the programs, services, information, instruction, and activities provided by The Lone Star Veterans Health Initiative are for general fitness, wellness, and educational purposes only.

INIT \_\_\_\_\_: I understand that The Lone Star Veterans Health Initiative does not provide medical advice, diagnosis, or treatment. No information or guidance provided through participation in this program is intended to substitute for professional medical advice, diagnosis, or treatment from a licensed healthcare provider.

INIT \_\_\_\_\_: I acknowledge that I am solely responsible for consulting with a physician or qualified healthcare professional before beginning or continuing any fitness, wellness, or physical activity program, particularly if I have any medical conditions, injuries, limitations, or concerns.

INIT \_\_\_\_\_: I agree that participation in this program is voluntary and that I assume full responsibility for my physical condition and capacity to participate. I expressly, knowingly, and voluntarily waive, release, and discharge any and all rights to bring a lawsuit or legal action

against The Lone Star Veterans Health Initiative, its officers, directors, employees, volunteers, agents, and affiliates for any injury, illness, disability, or damages arising out of or related to my participation in physical fitness training or related activities, including claims arising from the negligence, or perceived negligence of The Lone Star Veterans Health Initiative, to the fullest extent permitted under Texas law.”

## **2. Assumption of Risk & Liability Waiver (Physical Activity)**

Assumption of Risk & Waiver of Liability:

INIT \_\_\_\_\_: I understand that participation in physical fitness, exercise, training, and wellness activities involves inherent risks, including but not limited to:

*Muscle strains or tears - Joint injuries - Cardiovascular stress - Falls or collisions*

*Aggravation of pre-existing conditions - Equipment-related injuries*

*Illness or injury resulting from physical exertion (etc.)*

INIT \_\_\_\_\_: I acknowledge that these risks may occur even when reasonable safety precautions are taken. I take full responsibility for my physical well-being & health while participating in any individual or group activities.

INIT \_\_\_\_\_: I understand that The Lone Star Veterans Health Initiative will take reasonable and appropriate measures to promote the safety of its members; however, I accept that no activity can be made completely risk-free. I accept all responsibility for any injury or illness that may occur during participation in any and all of the organization’s activities.

INIT \_\_\_\_\_: I knowingly, voluntarily, and expressly assume all risks, both known and unknown, associated with participation in The Lone Star Veterans Health Initiative programs and activities.

INIT \_\_\_\_\_: To the fullest extent permitted by law, I hereby release, waive, discharge, and hold harmless The Lone Star Veterans Health Initiative its officers, directors, employees, volunteers, contractors, partners, and affiliates from any and all claims, demands, actions, causes of action, or liabilities arising out of or related to my participation, including but not limited to personal injury, illness, property damage, or death, except where prohibited by law.

### **3. Acknowledgment of Personal Responsibility**

#### **Participant Responsibility:**

INIT \_\_\_\_\_: I affirm that I am physically capable of participating in the activities offered and that I will immediately stop participating and notify staff if I experience pain, dizziness, discomfort, or any adverse symptoms.

INIT \_\_\_\_\_: I understand that I am responsible for following instructions, using equipment properly, and conducting myself in a manner that prioritizes my safety and the safety of others.

### **4. Indemnification Clause**

Indemnification:

INIT \_\_\_\_\_: I agree to indemnify, defend, and hold harmless The Lone Star Veterans Health Initiative from any claims, damages, losses, liabilities, costs, or expenses (including reasonable attorney's fees) arising from my participation in the program, my actions, or my failure to follow program guidelines.

### **5. Arbitration Agreement & Waiver of Court Litigation**

#### **Mandatory Arbitration Agreement**

INIT \_\_\_\_\_: I agree that any dispute, claim, or controversy arising out of or relating to my participation in The Lone Star Veterans Health Initiative programs, including claims of injury or alleged negligence, shall be resolved exclusively through binding arbitration.

Such arbitration shall be conducted through the American Arbitration Association (AAA) in accordance with its applicable rules and procedures.

I understand and agree that:

INIT \_\_\_\_\_: I am waiving my right to file a lawsuit in court.

INIT \_\_\_\_\_: I am waiving my right to a trial by jury.

INIT \_\_\_\_\_: I agree that Arbitration shall be the sole and exclusive forum for dispute resolution.

INIT \_\_\_\_\_: I further agree that all costs, fees, and expenses associated with arbitration shall be the responsibility of the claimant/plaintiff, to the fullest extent permitted by law.

## **6. Severability & Governing Law**

If any provision of this agreement is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

This agreement shall be governed by and construed in accordance with the laws of the State of Texas.

## **7. Final Acknowledgment & Signature**

### **Acknowledgment :**

INIT \_\_\_\_\_: I have read and fully understand this Waiver, Disclaimer, and Arbitration Agreement. I understand that by signing below, I am giving up certain legal rights. I sign this document freely and voluntarily.

Participant Signature:

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

Date:

\_\_\_\_\_

TLSVHI Representative Signature:

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

Date:

\_\_\_\_\_



## **Mental Wellness Screening – Purpose & Intake Guidance**

This Mental Wellness Screening Checklist is a non-diagnostic tool intended to help you and program representatives identify whether your current mental and emotional well-being is appropriate for participation in this organization's wellness, fitness, and peer-support programs, or whether additional professional support may be beneficial.

The assessment relies on honest self-reporting and professional observation and is not intended to replace evaluation or care by a licensed mental health professional. If a veteran's responses indicate moderate concern, members and staff should pause the progression and discuss appropriate referrals.

If responses indicate high concern, safety risk, or distress beyond the scope of this organization, trainers must escalate appropriately by involving supervisory staff and providing information on professional or emergency mental health resources.

The Lone Star Veterans Health Initiative will always prioritize the participant's safety, dignity, and respect.

## **Mental Wellness Screening Checklist (Veteran-Focused | 1–10 Scale)**

*Screening Tool Only – Not a Medical or Psychological Diagnosis*

**Participant Name:**

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**Date:**

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**Reviewer / Facilitator:**

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### **How to Use the Scale**

**1 = Not present / No impact**

**5 = Moderate / Sometimes affects daily life**

**10 = Severe / Constant or overwhelming**



Please answer honestly. This checklist helps determine the **appropriate level of support**.

## **SECTION 1 – Mood & Emotional Regulation**

### **1. Persistent low mood or sadness**

*Examples: feeling down most days, hopelessness, loss of interest in things you once enjoyed*

☐1   ☐2   ☐3   ☐4   ☐5   ☐6   ☐7   ☐8   ☐9   ☐10

Notes: \_\_\_\_\_

### **2. Irritability or anger**

*Examples: snapping easily, feeling short-tempered, frustration building quickly*

☐1   ☐2   ☐3   ☐4   ☐5   ☐6   ☐7   ☐8   ☐9   ☐10

Notes: \_\_\_\_\_

### **3. Emotional numbness or detachment**

*Examples: feeling disconnected, “checked out,” or emotionally flat*

☐1   ☐2   ☐3   ☐4   ☐5   ☐6   ☐7   ☐8   ☐9   ☐10

Notes: \_\_\_\_\_

## **SECTION 2 – Anxiety, Stress & Hypervigilance**

### **4. Constant stress, worry, or feeling on edge**

*Examples: racing thoughts, inability to relax, constant tension*

☐1   ☐2   ☐3   ☐4   ☐5   ☐6   ☐7   ☐8   ☐9   ☐10

Notes: \_\_\_\_\_

## 5. Hypervigilance or Startle Response

*Examples: being easily startled, scanning surroundings, discomfort in crowds or other situations where you have heightened security concerns.*

☐1   ☐2   ☐3   ☐4   ☐5   ☐6   ☐7   ☐8   ☐9   ☐10

Notes: \_\_\_\_\_

## SECTION 3 – Trauma & PTSD-Related Symptoms

### 6. Intrusive memories or flashbacks

*Examples: unwanted memories, feeling like events are happening again*

☐1   ☐2   ☐3   ☐4   ☐5   ☐6   ☐7   ☐8   ☐9   ☐10

Notes: \_\_\_\_\_

### 7. Avoidance behaviors

*Examples: avoiding places, conversations, smells, sounds, or people that trigger memories*

☐1   ☐2   ☐3   ☐4   ☐5   ☐6   ☐7   ☐8   ☐9   ☐10

Notes: \_\_\_\_\_

## SECTION 4 – Sleep & Fatigue

### 8. Difficulty falling or staying asleep

*Examples: insomnia, waking up frequently, restless sleep*

☐1   ☐2   ☐3   ☐4   ☐5   ☐6   ☐7   ☐8   ☐9   ☐10

Notes: \_\_\_\_\_

### 9. Nightmares or sleep-related distress

*Examples: nightmares, night sweats, waking in panic*

☐1   ☐2   ☐3   ☐4   ☐5   ☐6   ☐7   ☐8   ☐9   ☐10

Notes: \_\_\_\_\_

### **10. Daytime fatigue**

*Examples: exhaustion, low energy, difficulty focusing*

☐1   ☐2   ☐3   ☐4   ☐5   ☐6   ☐7   ☐8   ☐9   ☐10

Notes: \_\_\_\_\_

## **SECTION 5 – Anger, Aggression & Impulse Control**

### **11. Difficulty controlling anger**

*Examples: explosive reactions, yelling, feeling out of control when angry*

☐1   ☐2   ☐3   ☐4   ☐5   ☐6   ☐7   ☐8   ☐9   ☐10

Notes: \_\_\_\_\_

### **12. Violent thoughts or urges**

*Examples: thoughts of harming others, aggressive impulses (even if not acted on)*

☐1   ☐2   ☐3   ☐4   ☐5   ☐6   ☐7   ☐8   ☐9   ☐10

Notes: \_\_\_\_\_

## **SECTION 6 – Perception & Reality Awareness**

### **13. Hallucinations or perceptual disturbances**

*Examples: hearing voices, seeing things others do not*

☐1   ☐2   ☐3   ☐4   ☐5   ☐6   ☐7   ☐8   ☐9   ☐10

Notes: \_\_\_\_\_

#### **14. Paranoia or distorted thinking**

*Examples: feeling watched, extreme mistrust without clear reason*

☐1   ☐2   ☐3   ☐4   ☐5   ☐6   ☐7   ☐8   ☐9   ☐10

Notes: \_\_\_\_\_

### **SECTION 7 – Substance Use & Coping Behaviors**

#### **15. Use of substances to cope**

*Examples: alcohol, drugs, or misuse of prescriptions to numb feelings or sleep*

☐1   ☐2   ☐3   ☐4   ☐5   ☐6   ☐7   ☐8   ☐9   ☐10

Notes: \_\_\_\_\_

### **SECTION 8 – Social Connection & Isolation**

#### **16. Social withdrawal or isolation**

*Examples: avoiding people, feeling disconnected, loss of trust*

☐1   ☐2   ☐3   ☐4   ☐5   ☐6   ☐7   ☐8   ☐9   ☐10

Notes: \_\_\_\_\_

### **SECTION 9 – Self-Harm & Personal Safety (CRITICAL)**

#### **17. Thoughts of self-harm or suicide**

*Examples: thoughts of hurting yourself, not wanting to exist, feeling like a burden*

☐1   ☐2   ☐3   ☐4   ☐5   ☐6   ☐7   ☐8   ☐9   ☐10

Notes: \_\_\_\_\_

**Any score above 3 in this question requires immediate professional follow-up.**



## THE LONE STAR VETERANS

HEALTH INITIATIVE

# VETERANS: YOU ARE NOT ALONE

MENTAL HEALTH CRISIS SUPPORT



Transitioning from military service, carrying past experiences, or dealing with everyday stress can feel overwhelming. Struggling does **not mean you are weak** — it means **you are human**.

### SIGNS YOU OR SOMEONE YOU KNOW MAY NEED SUPPORT

- Feeling constantly on edge, angry, or numb
- Trouble sleeping or frequent nightmares
- Flashbacks or intrusive memories
- Withdrawal from family, friends, or activities
- Thoughts of harming yourself or others
- Feeling like things will never get better


*You do not need to be in immediate danger to ask for help.*

### — YOU SERVED WITH COURAGE. —


This organization is committed to supporting veterans through wellness, fitness, and peer connection. However, some situations require **professional mental health care**, and we will always encourage

### IMMEDIATE HELP – 24/7 CONFIDENTIAL SUPPORT

#### VETERANS CRISIS LINE

 **CALL OR TEXT: 988**

Then press **1** for Veterans

 Or chat online at:

**[veteranscrisisline.net](https://veteranscrisisline.net)**

If someone is in **immediate danger**, call **911**.



## Financial Wellness

Financial stress can be one of the biggest obstacles to stability and long-term well-being. Our Financial Wellness section is designed to help us better understand the challenges Veterans may be facing so we can connect them with appropriate, trusted resources.

The information collected in this section is used solely to help identify programs, educational tools, and licensed partners that may be best suited to your individual needs. This may include referrals for budgeting education, credit counseling, employment support, benefits navigation, or other financial-wellness services.

We do **not** provide financial advice, manage personal finances, or make financial decisions on your behalf. All guidance and services are offered through vetted, qualified professionals and partner organizations. Providing this information is voluntary, and your data is handled with care and respect.

Our goal is simple: to reduce financial stress and help Veterans move toward greater stability, confidence, and independence.

# Financial Wellness Assessment & Intake Form

(Non-Advisory Screening Tool – For Program Use Only)

Participant Name: \_\_\_\_\_

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

Evaluator / Counsellor: \_\_\_\_\_

## SECTION 1 – Employment & Income

### Current Employment Status:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Employed – Full Time | <input type="checkbox"/> Employed – Part Time | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Unemployed           | <input type="checkbox"/> Retired              | <input type="checkbox"/> Disabled      |
| <input type="checkbox"/> Student              | <input type="checkbox"/> Other: _____         |  |

Primary Occupation / Field: \_\_\_\_\_

Monthly Income (Gross & Net)      \$ \_\_\_\_\_

Employment Income      \$ \_\_\_\_\_

VA Disability      \$ \_\_\_\_\_

GI Bill / Education Benefits      \$ \_\_\_\_\_

Pension / Retirement      \$ \_\_\_\_\_

Social Security / SSDI      \$ \_\_\_\_\_

Other Income      \$ \_\_\_\_\_

Total Monthly Income (Net)      \$ \_\_\_\_\_

Income Stability:

- |                                      |  |                                   |                                    |
|--------------------------------------|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Very Stable | <input type="checkbox"/> Mostly Stable | <input type="checkbox"/> Unstable | <input type="checkbox"/> Irregular |
|--------------------------------------|--|-----------------------------------|------------------------------------|

## SECTION 2 – Credit Profile

Do you know your credit score?

☐ Yes   ☐ No   ☐ Unsure

Estimated Credit Range:

- |                                  |                  |
|----------------------------------|------------------|
| <input type="checkbox"/> 300–499 | Very Poor        |
| <input type="checkbox"/> 500–579 | Poor             |
| <input type="checkbox"/> 580–619 | Need Improvement |
| <input type="checkbox"/> 620–659 | Average          |
| <input type="checkbox"/> 660–699 | Above Average    |
| <input type="checkbox"/> 700+    | Excellent        |

**Credit Issues (Check all that apply):**

- |  |                                      |   |  |
|--|--------------------------------------|---|--|
| <input type="checkbox"/> Late payments     | <input type="checkbox"/> Collections | <input type="checkbox"/> Charge-offs              | <input type="checkbox"/> Repossessions |
| <input type="checkbox"/> Evictions         | <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Bankruptcy (Year: _____) |  |
| <input type="checkbox"/> No credit history |                                      |   |  |



## SECTION 3 – Monthly Living Expenses

### Housing

☐ Rent      ☐ Mortgage      ☐ Living with family      ☐ Other

Expenses	Monthly Amount
Rent / Mortgage	\$ _____
Utilities (electric, water, gas)	\$ _____
Internet / Phone	\$ _____
Renter's / Home Insurance	\$ _____

### Transportation

Expense	Monthly Amount
Car Payment	\$ _____
Auto Insurance	\$ _____
Fuel	\$ _____
Maintenance	\$ _____

### Insurance & Healthcare

Expense	Monthly Amount
Health Insurance Premium	\$ _____
Life Insurance Premium	\$ _____
Dental / Vision	\$ _____
Prescriptions	\$ _____
Out-of-Pocket Medical	\$ _____

☐ VA Healthcare      ☐ Employer Plan      ☐ Marketplace      ☐ Uninsured

**Food & Essentials**

Expense	Monthly Amount
Groceries	\$ _____
Dining Out	\$ _____
Household Supplies	\$ _____

**SECTION 4 – Debts & Liabilities**

Type	Balance	Monthly Payment
Credit Cards		\$ _____
Auto Loan(s)		\$ _____
Student Loans		\$ _____
Personal Loans		\$ _____
Medical Debt		\$ _____
Collections		\$ _____
Child Support / Alimony		\$ _____
<b>Total Monthly Debt Payments:</b>		<b>\$ _____</b>

**SECTION 5 – Accounts & Assets**

Checking Account: ☐ Yes ☐ No

Savings Account: ☐ Yes ☐ No

Emergency Fund:

☐ None ☐ <\$500 ☐ \$500–\$1,000 ☐ \$1,000+ ☐ \$5,000+

**Retirement Accounts:**

☐ 401(k) ☐ IRA ☐ TSP ☐ Pension ☐ None ☐ Other: \_\_\_\_\_

## SECTION 6 – Bills & Payment Status

**Current on all bills?** ☐ Yes ☐ Mostly ☐ No

### **Past Due Accounts:**

☐ Utilities ☐ Rent / Mortgage ☐ Auto  
☐ Credit Cards ☐ Medical ☐ Insurance

Are your utilities currently at risk of being shut off?

☐ Yes ☐ No

## SECTION 7 – Benefits & Assistance Awareness

### **Currently Receiving:**

☐ VA Disability ☐ VA Healthcare  
☐ SNAP / Food Assistance ☐ Housing Assistance  
☐ Utility Assistance ☐ State / Local Aid  
☐ None

### **Interested in VA Disability Benefits Review?**

☐ Yes ☐ No

## SECTION 8 – Financial Stress & Self-Assessment (1–10 Scale)

Overall Financial Stress Level:

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10

(1 = No stress, 10 = Severe / overwhelming stress)

### **Biggest Financial Concerns (check all that apply):**

☐ Debt ☐ Credit score

REV1132026

- |  |  |
|--|--|
| <input type="checkbox"/> Housing stability | <input type="checkbox"/> Transportation      |
| <input type="checkbox"/> Medical costs     | <input type="checkbox"/> Income stability    |
| <input type="checkbox"/> Supporting family | <input type="checkbox"/> Legal / collections |

## **SECTION 9 – Evaluator Summary (Evaluator Use Only)**

### **Financial Risk Level:**

- ☐ Low
- ☐ Moderate
- ☐ High

### **Primary Needs Identified:**

- |  |  |
|--|--|
| <input type="checkbox"/> Budgeting / financial education | <input type="checkbox"/> Credit counseling             |
| <input type="checkbox"/> Debt management                 | <input type="checkbox"/> Benefits enrollment           |
| <input type="checkbox"/> Emergency assistance            | <input type="checkbox"/> Legal / professional referral |

### **Recommended Next Steps:**

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## **SECTION 10 – Participant Acknowledgment**

### **Financial Wellness Assessment – Disclaimer, Acknowledgment & Limitation of Liability**

#### **Purpose & Scope of Assessment**

This Financial Wellness Assessment is provided solely for the purpose of screening, education, resource identification, and referral planning as part of this organization's veteran wellness programming.

I understand and acknowledge that this is an assessment and is not intended to provide, and does not constitute:

Financial advice

Investment advice

Credit repair services

Legal advice.

Tax advice

Debt settlement or negotiation services.

No fiduciary relationship is created between myself and The Lone Star Veterans Health Initiative by participation in this assessment.

#### **No Professional Relationship / No Reliance**

I acknowledge that The Lone Star Veterans Health Initiative, its staff, volunteers, contractors, and representatives are not licensed financial advisors, attorneys, accountants, or credit counselors, unless explicitly stated in writing.

I agree that I will not rely on any information, discussion, suggestions, or educational materials provided through this assessment as a substitute for advice from qualified professionals.

Any actions I take regarding my finances are voluntary and made at my own discretion.

#### **Accuracy of Information Provided**

I affirm that all financial information I provide is true and accurate to the best of my knowledge. I understand that inaccurate or incomplete information may affect the usefulness of this assessment and any recommendations provided.

The Lone Star Veterans Health Initiative is not responsible for outcomes based on inaccurate, incomplete, or outdated information provided by me.

**Assumption of Responsibility**

I understand that financial circumstances involve inherent risk, uncertainty, and external factors beyond the control of The Lone Star Veterans Health Initiative.

I accept full responsibility for:

My financial decisions

Any agreements entered into with third parties.

Any changes to my credit, debt, income, or financial standing

**Limitation of Liability**

To the fullest extent permitted by law, I agree that The Lone Star Veterans Health Initiative, its officers, directors, employees, volunteers, agents, and affiliates shall not be liable for any loss, damage, claim, or expense arising out of or related to:

My participation in this assessment

Any financial decisions I make.

Any referrals or resources provided

Any third-party services I engage.

This includes, but is not limited to, claims of negligence, reliance, misrepresentation, or omission.

**Third-Party Referrals & Resources**

I understand that referrals to outside organizations, agencies, or professionals are provided for informational purposes only.

The Lone Star Veterans Health Initiative does not endorse, control, or guarantee the services, outcomes, or advice provided by any third party and assumes no responsibility for interactions or agreements between myself and such parties.

**No Guarantees**

I acknowledge that no guarantees are made regarding:

Credit score improvement

Debt reduction.

Financial stability

Income growth

Benefits approval

Financial outcomes vary based on individual circumstances and external factors.

**Dispute Resolution & Governing Law**

Any dispute arising out of or relating to this Financial Wellness Assessment shall be resolved in accordance with the binding arbitration agreement previously acknowledged by the participant, and governed by the laws of the State of Texas

**Participant Acknowledgment & Release**

I acknowledge that I have read and understand this disclaimer and limitation of liability. I voluntarily agree to participate in this assessment and fully release The Lone Star Veterans Health Initiative from any and all liability permitted by law.

Veteran Signature:

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Veteran Name:

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Date:

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