



THE LONE STAR VETERANS HEALTH INITIATIVE

TLSVHI Veteran Intake Packet

PACKET CHECKLIST:

PERSONAL DATA	<input type="checkbox"/>
MILITARY SERVICE INFORMATION	<input type="checkbox"/>
HEALTH AND WELLNESS	<input type="checkbox"/>
FITNESS & NUTRITION GOALS	<input type="checkbox"/>
TEXAS STATE ID COPY INCLUDED	<input type="checkbox"/>
DD214 OR VETERAN ID COPY INCLUDED	<input type="checkbox"/>
MENTAL HEALTH ASSESSMENT	<input type="checkbox"/>
FINANCIAL HEALTH ASSESSMENT	<input type="checkbox"/>
ARBITRATION AGREEMENT	<input type="checkbox"/>
ALL ACKNOWLEDGEMENTS SIGNED & INITIALED	<input type="checkbox"/>

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?:

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?:

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

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: _____

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: _____

Date: _____

Reviewer / Facilitator: _____

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.

IMMEDIATE HELP – 24/7 CONFIDENTIAL SUPPORT

VETERANS CRISIS LINE

📞 **CALL OR TEXT: 988**
Then press **1** for Veterans

💬 Or chat online at:
veteranscrisisline.net

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

— 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



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:

Employed – Full Time Employed – Part Time Self-Employed
 Unemployed Retired Disabled
 Student 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:

Very Stable Mostly Stable Unstable 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	\$ _____	
Total Monthly Debt Payments:	\$ _____	

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

<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:

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.

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: _____

Veteran Name: _____

Date: _____