CVJ Veteran/Military PC 1001.80 & 1170.9 SCREENING FORM REVISED 8.7.20
To qualify: 1. military or vet status 2. service-connected mental health condition 3. Set up treatment program for conditions

| Client's Name: | | Prepared by: | | | | | | |
|----------------|-------------------|---|--|--------------------|-----------|------------------------------|-----------------------------|---------|
| Case #: | | | Court Location_ | | | C | Custody Status: 1 | n Out |
| Current | Court _ | Date | Next court | Date | | | | |
| 1. | CLIEN | T INFORMATION: Rad | ce (required info for funding | g): | | | | |
| | a. | SSN (last 4): | | U.S. Citizen: Yes | No | Gender: M | F other | |
| | b. | DOB: DOB City: | | | | | | |
| | c. | Phone: Secondary Phone | | | | | | |
| | d. | Email: | | race | | | | |
| | e. | Address: | | | | | | |
| | f. | = | on? Is this stable? | | | | | |
| | g. | Transportation? | | | | | | |
| | h. | | | | | | | |
| | | | ntly seeking? | | | | | |
| | i. | Emergency Contact (N | ame/Phone): | | | | | |
| | | i. Relationship: | | _email: | | | | |
| 2. | MILITA veteran | | RD SERVICE DD214: | | | Order at http: | ://archives.gov/ | |
| | | | | Job (MOS): | | | | |
| | | | | | | | | |
| | d. c. e. | Dates (Mo/Yr.): Discharge Status: Deployments, where ar | nd when: | (OTH etc | may nee | Currently Ac d DMH, disch | etive: Yes Narge upgrade, G | PD bed) |
| | f. | | ne Deployment: Yes No | | | | | |
| | g. | Eligible for VA Benefi | ts? Yes No E | ligible for Med-i- | CAL? Y | es No | | |
| | SELF-F | F-REPORTED DISABILITIES (check any that apply) IE Mental health condition related to military | | | | | | |
| | a. | Have you ever been ev | aluated for a mental health c | condition? Yes | No | | | |
| | b. | When? | Where? | | | | | |
| | c. | Have you ever been dia | agnosed or experienced any | of the following? | | | | |
| | | | Depression Anxiety | TBI | Substan | ce Abuse | MST | |
| | đ | | Health Concernstreatment for this? Yes No. | o Whara? | | | | |
| | | | S: | | | | · nen: | |
| | ν. | Currently Taking: Yes | | | | | | |
| | | | et medication? (Dr., Court C | Order?) | | | | |
| | f. | , , | If no rating, any rating | , | | | | |
| 4. | | | | | | | MIS FEL | |
| | | - | oes the charge qualify for pr | obation in order i | to use PC | C 1170.9? | - | |
| b. Expo | osure: | | DA Offe | er | | | | |
| | | | | | | | | |
| | | | | | | TS): | | |
| PD/AP | | | Σ: | | | | | |
| | | | | | | | | |