

VA-GPD Addendum

This form can be used by all VA-GPD projects. This form will be used as a supplement to every data entry stage in order to ensure full data collection for VA-GPD projects.

Section I: Data Collection Point Information

CLIENT NAME

CLIENT ID

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DATA COLLECTION POINT (Month / Day / Year) - [ALL CLIENTS] - [ALL PROJECTS]

<input type="checkbox"/>	Project Start
<input type="checkbox"/>	Project Update
<input type="checkbox"/>	Annual Assessment
<input type="checkbox"/>	Project Exit

ASSESSMENT DATE (Month / Day / Year) - [ALL CLIENTS] - [ALL PROJECTS]

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Section II: VA-GPD Data Collection at Project Entry

VETERAN INFORMATION - [ALL VETERANS] – [ALL PROJECTS]

Only ONE record of Veteran Information should exist. If another record is already present, verify the accuracy of the record. If anything is inaccurate, correct the existing record. DO NOT make a second record.

Year Entered Military Service (Month / Day / Year)

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Year Separated From Military Service (Month / Day / Year)

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Theatre of Operations

Client Doesn't Know = CDK

Client Refused = CR

Data Not Collected = DNC

Theatre of Operations	No	Yes	CDK	CR	DNC
World War II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Korean War	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnam War	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persian Gulf War	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afghanistan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iraq Freedom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iraq Dawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Peace-Keeping Operations or Military Interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Branch of the Military

<input type="checkbox"/>	Army	<input type="checkbox"/>	Air Force
<input type="checkbox"/>	Navy	<input type="checkbox"/>	Marines
<input type="checkbox"/>	Coast Guard	<input type="checkbox"/>	Client Doesn't Know
<input type="checkbox"/>	Client Refused	<input type="checkbox"/>	Data Not Collected

Discharge Status

<input type="checkbox"/>	Honorable	<input type="checkbox"/>	General under honorable conditions
<input type="checkbox"/>	Under other than honorable conditions (OTH)	<input type="checkbox"/>	Bad Conduct
<input type="checkbox"/>	Dishonorable	<input type="checkbox"/>	Uncharacterized
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

VAMC STATION NUMBER – [HEADS OF HOUSEHOLD] – [GPD and CRS PROJECTS]

Enter the VA Medical Center (VAMC) Station Number that corresponds to the grantee's service location. This may be filled in on behalf of the client – it does not require client input.

Update at Entry and Exit (GPD Projects ONLY)

EMPLOYED? (Collect at project entry and exit) - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [GPD and CRS PROJECTS]

Is the client currently employed?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client prefers not to answer
<input type="checkbox"/>	Data not collected		

IF YES, TYPE OF EMPLOYMENT

<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time
<input type="checkbox"/>	Seasonal/Sporadic (including day labor)	<input type="checkbox"/>	Data not collected

IF NO, WHY NOT EMPLOYED

<input type="checkbox"/>	Looking for work	<input type="checkbox"/>	Unable to work
<input type="checkbox"/>	Not looking for work	<input type="checkbox"/>	Data not collected

Mental Health Consultation

<input type="checkbox"/>	Mental health consultation completed
<input type="checkbox"/>	Mental health consultation being coordinated/arranged with VA provider
<input type="checkbox"/>	Mental health consultation being coordinated/arranged with other provider
<input type="checkbox"/>	Offer declined