



3904 Franklin Road, Suite B
 Roanoke, Virginia 24014
 Toll free: 1-866-720-1008
 Fax: 540-344-9755
info@bisswva.org

Application for CLiC for Veterans Program

Information About the Person Completing This Form

Name:		
Primary Phone:	Email Address:	
Referring Organization, if applicable:		
Relationship to Veteran, if personal referral:		
Street Address:		
City:	State:	Zip Code:

Information About the Veteran Applying for the Program:

Name:		
Primary Phone:	Email Address:	
Other Phone:		
Street Address:		
City:	State:	Zip Code:
County:		
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Language:
Race:		
Branch of the U.S. Military the veteran served in:		
<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Air Force		
Did the veteran serve in: <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve		
Military status: <input type="checkbox"/> Separated / Discharged <input type="checkbox"/> Retired		
Dates of military service:		
Rank at time of separation or retirement:		
Preferred CLiC for Veterans Round: <input type="checkbox"/> January – March 2016 <input type="checkbox"/> April – June 2016		

How brain injury was acquired — date of brain injury: _____

(Please check all that apply.)

- Fall Vehicle or aircraft accident
 Explosive device Blow to the head
 Other: _____

Which of the following providers can provide documentation of the person's brain injury:

- Primary Care Doctor Licensed Clinical Psychologist
 Neurologist
 Other: _____

Other community services being received. Check all that apply.

- Veterans Affairs Medical Center
 Community Service Board (CSB)/Mental Health Services
 Center for Independent Living (CIL)
 Homeless Shelter Services
 Department for Aging and Rehabilitative Services (DARS)
 Medicaid Waiver Services
 Other: _____

Rate the functional abilities of the veteran needing services, using the following codes:

5 - Totally Independent 4 - Needs Supervision 3 - Needs Assistance and Supervision

2 - Needs Significant Assistance 1 - Totally Dependent

- | | |
|--|---|
| <input type="checkbox"/> Paying bills, planning and keeping a budget | <input type="checkbox"/> Movement |
| <input type="checkbox"/> Homemaking, such as laundry, shopping | <input type="checkbox"/> Self-care, such as bathing, dressing |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Decision-making |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Transportation |

Please indicate the computer abilities of the veteran needing services:

- | | |
|--|--|
| <input type="checkbox"/> Can turn the computer on / off | <input type="checkbox"/> Can connect to the Internet |
| <input type="checkbox"/> Can adjust volume or mute / unmute microphone | <input type="checkbox"/> Can connect and use headphones |
| <input type="checkbox"/> Can turn computer camera on / off | <input type="checkbox"/> Can troubleshoot settings with help |
| <input type="checkbox"/> Can connect and operate needed assistive technology adaptations (switches, etc.)* | |

*Please note that BISSWVA is unable to provide adaptive equipment at this time

Computer access - Please indicate whether:

- The veteran has personal computer equipment to use, including a computer, keyboard, earphones, and a microphone, and **will NOT need computer equipment from BISSWVA.**
- The veteran **will need computer equipment from BISSWVA**, including:
- | | |
|--|---|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Headphones with microphone |
| <input type="checkbox"/> Surge protector | <input type="checkbox"/> Keyboard |

Who is available to assist the veteran on-site with any computer-related issues?

Name: _____

Relationship to veteran: _____

Phone number: _____ Email Address: _____

Does the veteran have consistent access to a broadband Internet connection? Yes No

Internet provider: _____

Has the veteran had any of the following?

History of substance abuse and/or alcohol abuse? Yes No

If yes, is the person actively participating in a program? Yes No

If yes, has the person completed a program? Yes No

When was the last time the person abused substance or alcohol?

Date: _____

History of mental illness? Yes No

History of aggressive behavior/outburst? Yes No

Does the person have a history of arrest or a conviction for a felony? Yes No

Please explain each "yes": _____

Check the education areas below which would likely most benefit the veteran (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Brain Injury Education | <input type="checkbox"/> Social Interaction | <input type="checkbox"/> Medication Management |
| <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Preparing for a Job | <input type="checkbox"/> Money Management |
| <input type="checkbox"/> Goal Setting | <input type="checkbox"/> Physical Health | <input type="checkbox"/> Household tasks |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Communication | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Work and Education | <input type="checkbox"/> Virginia Veteran Services | <input type="checkbox"/> Veteran Administration Services |

By signing this application, you acknowledge the following: (1) that Brain Injury Services of SWVA (BISSWVA) does not have the authority to release any personally identifiable information to any other party without your consent, (2) BISSWVA has the right to store personally identifiable information in their secured, electronic records, (3) BISSWVA reserves the right to share certain necessary, required information for the purposes of program funding and research. Your signature indicates your awareness that you will be asked to participate in voluntary program surveys, which pose no anticipated long-term risks to you and will be used in research to enhance the CLiC for Veterans Program.

Signature of person needing services, or their family: _____

Date: _____

Please return this application either by mail or by fax to:

Brain Injury Services of SWVA · 3904 Franklin Road, Suite B · Roanoke, Virginia 24014

Fax: 540. 344.9755

Along with your registration forms, please complete, sign, and return the following additional items, included in this packet, to Brain Injury Services of Southwest Virginia (BISSWVA):

1. Participant Guidelines – ***Please sign and return to BISSWVA***
2. IRB Informed Consent, CLiC for Veterans – Video Recording ****Please sign and return***
3. IRB Informed Consent, CLiC for Veterans – Online Assessment ****Do not sign but keep***
4. VA Pre-Knowledge Assessment (2 pages) – ***Please complete, sign, and return to BISSWVA***
5. Participant Information Form – ***Please complete and return to BISSWVA***

Thank you!

CLiC for Veterans - Participant Guidelines

To ensure that you get the most out of your experience with CLiC for Veterans, please read the following guidelines carefully and provide your signature at the bottom of the page. You will return this form to BISSWVA with your registration forms.

As a registered participant of CLiC for Veterans:

1. I agree to attend sessions responsibly. I will do my best to attend each online session, join each online session on time, and participate in each online session for the full ten weeks of CLiC for Veterans.
2. If I need to miss a session or leave a session early, I will email or message the Facilitator as soon as I can to let him or her know.
3. I understand that if I miss more than five sessions, or do not adhere to the guidelines established in my Round, I may be asked to leave CLiC for Veterans.
4. I understand that I will be asked to participate in CLiC for Veterans assessments to help the program be the best it can be. I understand that participation in the assessments is voluntary.
5. I understand that the computer given to me is my personal property and that I will be responsible for its proper care and use. I understand that, during the ten-week session meetings of CLiC for Veterans, Brain Injury Services of Southwest Virginia (BISSWVA) can help me with any computer problems that I have. When the ten-week sessions have ended, I am responsible for finding computer help elsewhere. If my computer is broken, lost, or stolen, it is my responsibility to repair or replace it.

Name (Print): _____

Name (Sign): _____

Date: _____

CLiC for Veterans Recording of Online Sessions

You are invited to participate in a research study designed to evaluate the CLiC program for veterans with traumatic brain injury. The CLiC for Veterans program will take place in an interactive online environment with video, auditory, and text contributions from participants during the sessions. Recording of the online sessions is an essential part of the research project and therefore you will need to give consent for the recording of the sessions in order to participate in the research study.

Data gathered from the video recordings will be averaged across all participants such that the identity of individual participants will be kept confidential. The results will be used to make improvements for the CLiC for Veterans program and possibly will be published in a psychology journal and/or presented at a psychology conference.

Procedures:

Participants will join in the CLiC for Veterans online sessions through a link provided by the facilitator to their email before each 3 hour session. The facilitator will be responsible for beginning and ending of the session, which will generally start approximately 5 minutes before the scheduled session and end approximately 5 minutes after the scheduled session. Some participants may choose to turn on their video and audio inputs whereas others may choose to turn on only their audio inputs.

Risks, Benefits, & Compensation:

The risks involved with participation in this study are no more than you would experience in everyday use of video or audio online chat. Any potential social risk due to recording of your participation in the sessions will be minimized by separating your full name and contact information from the recorded data and storing it separately in a secure location that only the principal researchers have access to. You will not receive compensation other than being allowed to participate in the sessions.

Data Collection and Storage:

All information regarding participants' identities will be stored in a locked office, and no one other than the investigators will have access to it, unless required by law.

Contact information:

For other questions about the study, you should contact the Principal Investigator, Dr. David Nichols at the Department of Psychology, Roanoke College, Salem, VA 24153 or by phone (540-375-5251) or E-Mail (dnichols@roanoke.edu). If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have not been honored during the course of this project, you may contact the office for the Institutional Review Board, Roanoke College, Trout 112, Salem, Virginia 24153, 540-375-2409, by e-mail at irb@roanoke.edu.

Participation:

Your participation in the CLiC for Veterans program is voluntary; you may refuse to participate without penalty and whether or not you participate will have no effect on the other services you receive or are entitled to through BISSWVA. However, you must provide consent for video recordings in order to participate in the CLiC for Veterans program.

Consent Statement: I have read and understand the study described above. I am 18 years of age or older and I freely consent to participate.

Signature: _____ Printed Name: _____ Date: _____

CLiC for Veterans Online Assessment

You are invited to participate in a research study designed to assess the effectiveness of the CLiC program for veterans with traumatic brain injury. Data gathered from individual participants will be averaged across all participants such that the identity of individual participants will be kept confidential. The results will be used to make improvements for the CLiC for Veterans program and possibly will be published in a psychology journal and/or presented at a psychology conference.

Procedures:

Participants will be completing a set of surveys online through a secure link that protects data during completion and transmission of the survey. The total time expected to complete all surveys is between 10-40 minutes, depending on how much information is written in, though breaks are allowed at any time including saving partial data and returning to the survey hours or days later in order to complete all questions.

Risks, Benefits, & Compensation:

The risks involved with participation in this study are no more than you would experience in everyday use of the internet and regular contact with your BISSWVA case manager about progress in dealing with the symptoms of TBI. Any potential social risk due to recording of your email address in order to know which participant completed the study and linking your current data with previous or future data will be minimized by separating your email address from the recorded data and storing it separately in a secure location that only the principal researchers have access to. Participation is completely voluntary and you will not receive compensation for the completion of the surveys.

Data Collection and Storage:

All information regarding participants' identities will be stored in a locked office, and no one other than the investigators will have access to it, unless required by law.

Contact information:

For other questions about the study, you should contact the Principal Investigator, Dr. David Nichols at the Department of Psychology, Roanoke College, Salem, VA 24153 or by phone (540-375-5251) or E-Mail (dnichols@roanoke.edu). If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have not been honored during the course of this project, you may contact the office for the Institutional Review Board, Roanoke College, Trout 112, Salem, Virginia 24153, 540-375-2409, by e-mail at irb@roanoke.edu.

Participation:

Your participation in this study is voluntary; you may refuse to participate without penalty and whether or not you participate will have no effect on the services you receive or are entitled to through BISSWVA or the CLiC for Veterans program. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed your data will be destroyed.

Consent Statement:

I have read and understand the study described above. I am 18 years of age or older and I freely consent to participate. I understand that I am free to withdraw myself and/or any data I provide from the study at any time during the experimental session without penalty. I understand that completion of the internet surveys sent to me as a link through my email will count as my consent to participate in this study.

VA Benefits Component Assessment

Please indicate how much you understand about the following statements regarding the Veterans benefits provided by the Department of Veterans Affairs (VA).

	A lot	Some	A little	Not at all
The Veterans benefits that are available to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Veterans health care benefits I'm entitled to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Veterans burial benefits available to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Veterans education and training benefits I'm entitled to from VA.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Veterans life insurance benefits I'm entitled to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Veterans Home Loan Guaranty benefits I'm entitled to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feel free to use this space to write any comments or additional information that you would like to provide about the questions on this page.

VA Benefits Component Assessment

In the past 3 months, have you looked for information on the following benefits and services?

	Yes	No
Eligibility for VA health care	<input type="radio"/>	<input type="radio"/>
VA health care facility locations	<input type="radio"/>	<input type="radio"/>
VA life insurance	<input type="radio"/>	<input type="radio"/>
VA home loans	<input type="radio"/>	<input type="radio"/>
VA education and training	<input type="radio"/>	<input type="radio"/>
VA vocational rehabilitation	<input type="radio"/>	<input type="radio"/>
VA burial and memorial benefits	<input type="radio"/>	<input type="radio"/>
VA disability compensation and pension	<input type="radio"/>	<input type="radio"/>
VA benefits for dependents and survivors	<input type="radio"/>	<input type="radio"/>
VA transition assistance	<input type="radio"/>	<input type="radio"/>
VA prescription benefits	<input type="radio"/>	<input type="radio"/>

Feel free to use this space to write any comments or additional information that you would like to provide about the questions on this page.

CLiC for Veterans - Participant Information Sheet

Thank you for registering for CLiC for Veterans! We are very excited to have the opportunity to serve you and look forward to getting to know you. Our online sessions are designed for you, so the more that we know about you, the better we can help you! If you would like to share some information about yourself, please answer the questions below and return them with your registration forms. If you prefer not to share at this time, we respect your decision – simply leave this sheet blank without answering the questions.

Your Name: _____

Which branch of the military did you serve in? _____

Were you ever deployed? _____ Where and when? _____

Have you seen combat? _____ In which theatre(s)? _____

What date did you separate from the military? _____ What is your rank? _____

When did you acquire your brain injury? _____

How did it happen? _____

Do you have any other health issues or concerns that you would like to share? _____

Are you in pain? _____

Is there a particular issue or question that you have that you would like addressed in CLiC for Veterans sessions? _____