

SSVF Critical Incident Report

Critical Incident Report

Agency Name

Grant Number

Agency Staff Name:  
First and Last Name

Agency Staff Email:

Agency Phone #:

Date Report Completed:

Type of Incident:  
Homicide

**If Allegations of Fraud, Criminal Acts or Neglect by Grantee or Subcontractor Staff, please fill out Section II only.**

**NOTE: No personal identifying data should be entered into this form.**

Participant Information

Participant HMIS ID Number:

Date of Enrollment in SSVF:

Housing Category at Enrollment:  
RRH

Housing Situation at time of incident:  
Literally homeless

Date of last SSVF contact with Veteran:

Incident Details:

Date of Incident Being Reported:

How did the agency learn about the incident?

Description of the Incident:  
Please give a concise summary of the incident to include location; persons involved (no identifying information); what happened and who was involved in the follow up of incident. Please also note any known precipitating events or contributing factors related to the incident.

Did this incident receive media attention?  
Yes  
If yes, please provide a link to the online article/media for review.

General Veteran Enrollment & Engagement Information

Identified barriers to housing/housing stability:

Identified strengths to housing/housing stability:

Identified social supports to housing/housing stability:

Veteran’s level of engagement with SSVF staff:  
i.e. Was Veteran consistent, only made contact in crisis, was active in housing search and housing stability activities?

Describe the work done with the Veteran since enrollment:  
Provide a brief summary of: Veteran’s activities work toward obtaining/sustaining/maintaining housing. What other resources were provided to the Veteran family to support goal attainment? What services were specifically provided by SSVF?

Any other information about the incident or the Veteran’s care that the SSVF Program Office should be aware of regarding this incident.

Was/Is Veteran eligible for VA Healthcare Services?  
Yes

Was/Is Veteran receiving VA Healthcare Services?  
Yes

If yes, name of the VAMC providing services.

Was/Is Veteran receiving VA Mental Health and/or Substance Use Disorder Treatment?

Yes

If yes, name of the VAMC providing services.

Was/Is the Veteran receiving Medical, Mental Health or Substance Use Treatment from a non-VA Community Provider?

Yes

If yes, name of organization providing services.

Is the Veteran enrolled in other VA Programs? (HUD-VASH, GPD, HCHV, CWT, VJO)

No

External Actions Taken

Was 911 Contacted for emergency response?

Yes

Was local law enforcement contacted to file a report/complaint?

Yes

If yes, describe the outcome of that contact.

Did first responders make contact? What action did they take, if any? What action to agency staff take, if any?

Was Veteran/person taken into custody by law enforcement?

Yes

Was the VA Medical Center Contacted?

Yes

If yes, name of the VAMC contacted:

Follow Up Needed/Provided

Contact with Veteran:      Date:

Yes

Information discussed with Veteran:

Contact with Veteran’s household:      Date:

Yes

Contact Relationship:

Information discussed with contact:

Contact with Veteran’s Emergency Contact/Next of Kin:      Date:  
Yes

Contact Relationship:

Information discussed with contact:

Ongoing law enforcement investigation?      Current status of investigation, if known:  
Yes

Additional Comments:

Section II

Section II

Allegations of Fraud, Criminal Acts or Neglect by Grantee or Subcontractor Staff

Incident Details

Date of Incident Being Reported:

Date Agency Learned About Incident:

How Did Agency Learn About Incident?

Description of the Incident:  
Please give a summary of the incident to include location; persons involved what happened and who was involved in the follow up of incident.

Did the Incident Receive Media Attention?

If yes, please provide a link to the online article/media for review.

Was local law enforcement contacted to file a report/complaint?

If yes, describe the outcome of that contact.

What action did they take, if any? What action to agency staff take, if any?

Was person taken into custody by law enforcement?

Ongoing law enforcement investigation?      Current status of investigation, if known:

Additional Comments:

SAMPLE