



Programs or Related Information Concept Submission form

CAUTION: This is not a secure or protected message system. Please do not provide sensitive personal information such as your social security number or medical condition.

Title of Program *

This research was funded in whole or in part by *

Referred by *

By whom? *

Contact Information

Organization Name *

Lead Individual's Name *

Organization/Company Street Address *

Organization/Company Email *

Organization/company Phone Number *

Website

If applicable.

Concept Topic Areas *

Aftercare
Domestic Violence
Guidelines
Prevention
Rehabilitation
Resilience
Suicide Prevention
Depression
Education
Mental Illness
PTSD
Reintegration
Screening
TBI
Diagnosis
Employment/Vocational
Mitigation
Quality of Life
Relationship Issues
Substance Abuse
Training

Other topic Area**Populations that would benefit from this information/Concept**

Active Duty
Children
Leaders
Nurses
Researchers
Units
Case Managers
Communities
Medics/Corpsmen
Other Health Providers
School Personnel
Veterans
Chaplains
Families
Mental Health Providers
Primary Care Providers
Spouses

Other Population**What is the purpose of this submission?**

What do you hope to gain as a result of this concept submission? e.g. "Request dissemination of information about this program throughout DoD" or "Request DI-IA be aware of the development of our program that shows improved outcomes for PTSD".

Focus of Program

e.g. What does the program do? What were the results? What are the implications for populations of interest to DHA.

Program/Activity components

e.g. What is used in the program? What is the program length? (e.g. 12 weeks/2 hours per week of group based treatment for Alcohol & Aftercare), etc.

Demographics

e.g. What is used in the program? What is the program length? (e.g. 12 weeks/2 hours per week of group based treatment for Alcohol A& Aftercare), etc.

Current Populations already served by Program

e.g. Has the program been implemented? Where/When/Outcomes, contact information of location and/or points of contact?

Contraindications for Program

e.g. What populations are not recommended to participate in this Program?

Sustainability of the Program

e.g. How has the program been sustained over long periods?

Accreditations

e.g. Joint Commission; list citations, short paragraph or Not Available.

Approvals for Third Party Reimbursement

i.e. insurers who have approved

Future activities/plans

e.g. "We will be implementing this program at ____" or "We are refining/expanding our program to ____" or "We have applied for a grant with ____".

Additional information DHA should know

Evidence to Support Device

Please list supporting empirical evidence. If anecdotal evidence please list as such.

Randomized Controlled Studies

Citation or short paragraph for each or Not Available

Case Studies/Case Reports/Anecdotal Evidence

Citation or short paragraph or N/A