



VetLink of PBC Impact Reporting Form

For reporting services, referrals, outcomes, outreach, and community impact

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Purpose

Vet's Place, Inc. and VetLink of PBC use impact reports to document services, referrals, outcomes, community needs, follow-up activity, and partner coordination across Palm Beach County.

Important Notice

Do not submit Social Security numbers, medical records, VA claim documents, banking information, legal documents, or other sensitive personal records through this form.

1. Reporter Information

Organization / Program Name

Person Completing This Report

Title / Role

Phone Number

Email Address

Report Date

Prepared For / Funding Source, if applicable

2. Reporting Period

Reporting Period Start Date

Reporting Period End Date

Report Month / Quarter

Type of Report - check all that apply

Monthly Report

Quarterly Report

Event Report

Partner Referral Report

Case Management Activity Report

Outreach Activity Report

Grant / Funder Report

Other



Impact Reporting Form - Population and Services

VetLink of PBC - Powered by Vet's Place, Inc.

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3. Population Served

Who was served? - check all that apply

Veterans

Seniors

Caregivers

Family Members

Widows / Surviving Spouses

First Responders

Service Providers

Community Partners

Other

Number of Individuals Served

Number of Veteran Households Served

County Served

City / Area Served

Event / Activity Name, if applicable

4. Service / Support Provided

Type of Support Provided - check all that apply

Active Case Management

Resource Navigation

Referral Coordination

Follow-Up Support

Housing Referral

Food Assistance Referral

Employment / Workforce Support

Benefits Navigation

Legal Aid Referral

Transportation Support

Senior Services Referral

Caregiver Support

Mental Health Referral

Health Care Referral

Technology / Digital Access

Education / Training

Community Outreach

Partner Coordination

Event Participation

Other

Brief Description of Activity

Keep this general. Do not include sensitive personal records or private medical/legal details.



Impact Reporting Form - Referrals and Follow-Up

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5. Referrals and Follow-Up

Number of Referrals Made

Number of Follow-Ups Completed

Open / Pending Referrals

Referral Categories - check all that apply

Housing

Employment

Legal Aid

Health Care

Senior Services

Education / Training

Community Support

Food Assistance

Benefits

Transportation

Mental Health

Caregiver Support

Technology / Digital Access

Other

Were follow-ups completed?

Yes

No

Partially

Not Yet

Not Applicable

Primary Referral Outcome

Connected to Service

Unable to Reach Individual

Partner Unable to Serve

Case / Referral Closed

Other

Referral Pending

Individual Declined Services

Alternative Referral Needed

Still in Progress

Referral / Follow-Up Notes



Impact Reporting Form - Outcomes and Impact

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6. Outcomes / Impact

What outcomes were achieved? - check all that apply

- | | |
|---------------------------------------|-----------------------------------|
| Individual connected to services | Household stabilized |
| Food assistance accessed | Housing resource identified |
| Employment / training connection made | Benefits support initiated |
| Transportation support identified | Legal referral made |
| Caregiver support connection made | Senior services connection made |
| Mental health referral made | Health care referral made |
| Follow-up completed | Partner relationship strengthened |
| Community resource gap identified | Other |

Short Impact Statement

Example: Three veterans were connected to food assistance and one senior caregiver was referred for transportation support.

Any Barriers or Gaps Identified?

Examples: waitlists, eligibility barriers, transportation problems, housing shortages, technology issues, or follow-up concerns.



Impact Reporting Form - Story and Verification

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7. Story / Testimonial

Short Success Story or Testimonial

Do not include full names or identifying details unless written permission has been obtained.

May Vet's Place / VetLink use this story in reports, grants, or community updates?

- Yes, with no identifying information
- Yes, with written permission attached separately
- No
- Not Applicable

8. Verification

I certify that the information submitted is accurate to the best of my knowledge and does not include sensitive personal records.

I give Vet's Place, Inc. / VetLink of PBC permission to contact me for clarification or follow-up regarding this impact report.

Signature / Typed Name

Date

Submission Instructions

Email completed form to VetLinkPBC@gmail.com or fax to 561-365-2530.

For questions, call 561-609-4943. This form is for impact reporting only and is not an emergency request form.