



The information contained herein is used by AVSA to compile an annual report on the StandDown events that occur throughout the state of Arizona -providing outreach and supportive services to homeless veterans. If you have questions or need assistance with this report, contact Shane Groen at 480-888-6515, or by email at [sgroen@azceh.org](mailto:sgroen@azceh.org).

Event contact person: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Mail Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Location of Stand Down (City/State) \_\_\_\_\_ Date \_\_\_\_\_

**NUMBER of VETERANS SERVED: Total** \_\_\_\_\_

|                      |       |                      |       |
|----------------------|-------|----------------------|-------|
| <b>Male total</b>    | _____ | <b>Female total</b>  | _____ |
| Homeless             | _____ | Homeless             | _____ |
| Homeless with family | _____ | Homeless with family | _____ |
| Spouses attending    | _____ | Spouses attending    | _____ |
| Dependent Children   | _____ | Dependent Children   | _____ |
| Age: Under 25        | _____ | Age: Under 25        | _____ |
| 26-35                | _____ | 26-35                | _____ |
| 36-50                | _____ | 36-50                | _____ |
| 51-65                | _____ | 51-65                | _____ |
| 65+                  | _____ | 65+                  | _____ |

**STATUS of VETERANS SERVED: Total** \_\_\_\_\_

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| <b>Male:</b>    |       | <b>Female:</b>  |       |
| With Disability | _____ | With Disability | _____ |
| Acute Illness   | _____ | Acute Illness   | _____ |
| Without Shelter | _____ | Without Shelter | _____ |
| Unemployed      | _____ | Unemployed      | _____ |
| Without Income  | _____ | Without Income  | _____ |

**EVENT ADMINISTRATION:**

**Classification:** (Check One) – For descriptions, go to [www.nchv.org/standdown.cfm](http://www.nchv.org/standdown.cfm)

- \_\_\_\_\_ A. Three- or Four-day Stand Down
- \_\_\_\_\_ B. Two-day Homeless Veterans Resource Fair
- \_\_\_\_\_ C. One-day Homeless Veterans Resource Fair

**Please share a story related to a veteran that attended the event and had a positive outcome**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**(Continued on reverse side)**

**SERVICES PROVIDED:**

|  |  |
|--|--|
| <b>Health Services</b>   |  |
| Agent Orange Info/Counseling                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hepatitis C Screening/Testing                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| HIV/Aids Info/Counseling   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mental Health Services   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Substance Abuse Services   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Eye glasses  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dental exam and/or oral hygiene instruction                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dental care (cleanings, fillings, extractions, etc.)               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hygiene (haircuts, showers) provided                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Benefits Assistance</b>   |  |
| Social Security  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| MVD/ID services  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DES  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Legal Services   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Courts   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Veterans Benefits Counseling                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Housing/Shelter Referral   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Prevention Assistance  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employment and Job Training Assistance                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Education Services   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Other Services Provided</b>                                     |  |
| Transportation   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Veterinary Services  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Meals  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Shelter offered during the event                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Spiritual Services   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Activities to empower the veteran (open mic, meetings, graduation) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Event Budget:** (Excluding In-kind donations)

Less than \$5,000 \_\_\_\_\_  
 \$5,001 to \$10,000 \_\_\_\_\_  
 \$10,001 to \$15,000 \_\_\_\_\_  
 \$15,001 to \$20,000 \_\_\_\_\_  
 \$20,001 to \$30,000 \_\_\_\_\_  
 Over \$30,000 \_\_\_\_\_

**In-Kind Donation Value:**

Less than \$5,000 \_\_\_\_\_  
 \$5,001 to \$10,000 \_\_\_\_\_  
 \$10,001 to \$15,000 \_\_\_\_\_  
 \$15,001 to \$20,000 \_\_\_\_\_  
 \$20,001 to \$30,000 \_\_\_\_\_  
 Over \$30,000 \_\_\_\_\_

**Total budget** \_\_\_\_\_

**Event Personnel**

(Insert number)

Organization Staff \_\_\_\_\_  
 Medical Staff \_\_\_\_\_  
 DVOP Representative \_\_\_\_\_  
 Military/Veterans \_\_\_\_\_

Business partners \_\_\_\_\_  
 VA Representatives \_\_\_\_\_  
 Other Government \_\_\_\_\_  
 Volunteers \_\_\_\_\_

**Total Event Staff** \_\_\_\_\_

