



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.

Event contact person: Skyc Biascchi
 Organization: U.S. NETS
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Location of Stand Down (City/State) Prescott Arizona Date 9/23-24/17

NUMBER of VETERANS SERVED: Total 263

Male total 242
 Homeless 86
 Homeless with family 8
 Spouses attending 8
 Dependent Children 26
 Age: Under 25 6
 26-35 24
 36-50 54
 51-65 98
 65+ 50

Female total 21
 Homeless 5
 Homeless with family 4
 Spouses attending 4
 Dependent Children 5
 Age: Under 25 0
 26-35 0
 36-50 3
 51-65 12
 65+ 0

undisclosed 15

STATUS of VETERANS SERVED: Total _____

Male:
 With Disability 50
 Acute Illness _____
 Without Shelter _____
 Unemployed _____
 Without Income _____

} not gathered

Female:
 With Disability 1
 Acute Illness _____
 Without Shelter _____
 Unemployed _____
 Without Income _____

} not gathered

EVENT ADMINISTRATION:

Classification: (Check One) – For descriptions, go to 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

2010 marked the first true veterans court. Several veterans were able to do community service at the event and reduce fines/charges

(Continued on reverse side)

SERVICES PROVIDED:

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

Total budget 13,000

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 _____

Event Personnel

(Insert number)

Organization Staff 23
 Medical Staff 10
 DVOP Representative 1
 Military/Veterans 2000 ?

Business partners _____
 VA Representatives 20
 Other Government 15
 Volunteers 100

Total Event Staff 109

estimated



ARIZONA COALITION TO END HOMELESSNESS

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www.azceh.org