



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: BRUCE HAMILTON
 Organization: TVSV
 Mail Address: BOX 57452
 City: TUCSON State: AZ Zip: 85732-7452
 Telephone: 623-687-5552 Email: _____

Location of Stand Down (City/State) TUCSON, AZ Date JUNE 13, 2017

NUMBER of VETERANS SERVED: Total 128

Male total	<u>106</u>	Female total	<u>22</u>
Homeless	<u>45</u>	Homeless	<u>7</u>
Homeless with family	<u>0</u>	Homeless with family	<u>1</u>
Spouses attending	<u>10</u>	Spouses attending	<u>3</u>
Dependent Children	<u>10</u>	Dependent Children	<u>4</u>
Age: Under 25	<u>1</u>	Age: Under 25	<u>0</u>
26-35	<u>8</u>	26-35	<u>3</u>
36-50	<u>12</u>	36-50	<u>8</u>
51-65	<u>68</u>	51-65	<u>11</u>
65+	<u>12</u>	65+	<u>0</u>

STATUS of VETERANS SERVED: Total _____

Male:		Female:	
With Disability	<u>21</u>	With Disability	<u>2</u>
Acute Illness	_____	Acute Illness	_____
Without Shelter	<u>24</u>	Without Shelter	<u>2</u>
Unemployed	_____	Unemployed	_____
Without Income	<u>60</u>	Without Income	<u>12</u>

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

BEFORE END OF EVENT FOUR VETERANS WERE IN PROCESS.
FOR HOUSING.

(Continued on reverse side)

SERVICES PROVIDED:

Health Services	
Agent Orange Info/Counseling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis C Screening/Testing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
HIV/Aids Info/Counseling	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Spiritual Services	<input checked="" type="checkbox"/> Yes <input 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 X
 \$10,001 to \$15,000 _____
 \$15,001 to \$20,000 _____
 \$20,001 to \$30,000 _____
 Over \$30,000 _____

Total budget 910,500

In-Kind Donation Value:

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

Event Personnel

(Insert number)

Organization Staff 12
 Medical Staff 0
 DVOP Representative 10
 Military/Veterans 50

Business partners 96
 VA Representatives 15
 Other Government 17
 Volunteers 45

Total Event Staff _____

