



NATIONAL COALITION *for* HOMELESS VETERANS

2008 Stand Down After-Action Report

The information on this form is used by NCHV and the U.S. Department of Veterans Affairs to compile an annual report on Stand Down programs that provide outreach and supportive services to homeless veterans. This information is vital to Federal Government agencies and Corporate Partners that provide funding and material contributions to support local programs. If you have questions or need assistance with this report, contact Louise Staley at 202-546-1969, or by email at nchv2@nchv.org.

**Complete this form and fax it (toll-free) to NCHV at 888-233-8582,
Or mail to: NCHV, 333½ Pennsylvania Ave., SE, Washington, D.C. 20003-1148**

Event contact person: _____
Organization: _____
Mail Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Website: _____ Email: _____

Location of Stand Down (City/State) _____
Date _____ Participating VAMC: _____
VA CHALENG POC: _____

NUMBER of VETERANS SERVED: *(Insert number)*

Male:

Total _____ Homeless _____
Homeless with family _____
Spouses attending _____
Dependent Children _____

Age: Under 25 _____
26-35 _____
36-50 _____
51-65 _____
Over 65 _____

Female:

Total _____ Homeless _____
Homeless with family _____
Spouses attending _____
Dependent Children _____

Age: Under 25 _____
26-35 _____
36-50 _____
51-65 _____
Over 65 _____

STATUS of VETERANS SERVED: *(Insert number)*

Male:

With Disability _____
Acute Illness _____
Without Shelter _____
Unemployed _____
Without Income _____

Female:

With Disability _____
Acute Illness _____
Without Shelter _____
Unemployed _____
Without Income _____

SERVICES THAT WERE PROVIDED:

(Check all that apply – specify whether service is provided “on site” or by referral)

Available Services:

On Site	Referral		On Site	Referral	
___	___	Shelter during event	___	___	Food
___	___	Picture ID services	___	___	Personal care (haircuts, supplies, clothing)
___	___	Health care services (by professional staff)	___	___	Health care screening (HIV/AIDS, TB, Hepatitis C, etc.)
___	___	Eye care	___	___	Dental care
___	___	VA benefits Counseling	___	___	Legal Services
___	___	Mental health counseling	___	___	Homeless Court
___	___	Substance abuse services	___	___	General benefits counseling (Social services, SSI, food stamps, etc.)
___	___	Housing (referrals)	___	___	Employment services (counseling, job referrals)
___	___	Spiritual services	___	___	Transportation (to and from event)
___	___	Activities to empower homeless veterans (tent leaders, open mike, meetings, graduation)	___	___	Other: _____

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
- ___ D. One-day Homeless Veterans Health Fair
- ___ E. One-day Homeless Veterans Job Fair
- ___ F. Other events

Event Budget: (Excluding In-kind donations)
(Check one)

- 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:
(check one)

- 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 _____
- Medical Staff _____
- DOL Representatives _____
- Military/Veterans _____
- Total Event Staff** _____

- Business partners _____
- VA Representatives _____
- Other Government _____
- Volunteers _____

*This survey is conducted in partnership with the
Homeless Programs Office of the U.S. Department of Veterans Affairs.*

NATIONAL COALITION for HOMELESS VETERANS

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