

NATIONAL COALITION *for* HOMELESS VETERANS

2010 Stand Down After-Action Report

The information on this form is used by 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 |
| <input type="checkbox"/> Shelter during event | <input type="checkbox"/> Food |
| <input type="checkbox"/> Picture ID services | <input type="checkbox"/> Personal care (haircuts, supplies, clothing) |
| <input type="checkbox"/> Health care services | <input type="checkbox"/> Health care screening (HIV/AIDS, TB, (by professional staff) Hepatitis C, etc.) |
| <input type="checkbox"/> Eye care | <input type="checkbox"/> Dental care |
| <input type="checkbox"/> VA benefits Counseling | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Mental health counseling | <input type="checkbox"/> Homeless Court |
| <input type="checkbox"/> Substance abuse services | <input type="checkbox"/> General benefits counseling (Social services, SSI, food stamps, etc.) |
| <input type="checkbox"/> Housing (referrals) | <input type="checkbox"/> Employment services (counseling, job referrals) |
| <input type="checkbox"/> Spiritual services | <input type="checkbox"/> Transportation (to and from event) |
| <input type="checkbox"/> Activities to empower homeless veterans (tent leaders, open mike, meetings, graduation) | <input type="checkbox"/> 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) **In-Kind Donation Value:**

(Check one) (check one)

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

Event Personnel

(Insert number)

- Organization Staff _____ Business partners _____
- Medical Staff _____ VA Representatives _____
- DOL Representatives _____ Other Government _____
- Military/Veterans _____ Volunteers _____

Total Event Staff _____

NATIONAL COALITION for HOMELESS VETERANS

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Washington, DC 20003-1148

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Toll Free – Phone: 800-VET-HELP ♦ Fax: 888-233-8582