



National Coalition for Homeless Veterans

Stand Down After Action Report

The information on this form is used by NCHV 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 Samira Denardo at 202-546-1969, or by email sdenardo@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, DC 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 _____

(Continues on reverse side)

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

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 _____

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

Total Event Staff _____

National Coalition for Homeless Veterans
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