

2017 STANDDOWN INFORMATION REQUEST AFTER ACTION REPORT

1. City/State of Stand Down **Safford, AZ** VISN: _____ Station# _____
2. Stand Down Date(s) **April 28, 2017** 3. Is this your **first** Stand Down? Yes No
4. How many days did the event take place? One Two Three 4 or More
- 4a. If more than a one-day event, were sleeping arrangements provided? Yes No
5. Was the stand held indoors or outdoors? Indoors Outdoors Both
6. Were specific health services provided for Women Veterans? Yes No
7. Were the following services provided?

Health Services Provided			
a.	Agent Orange Info/Counseling	Yes	<input checked="" type="checkbox"/> No
b.	Hepatitis C Screening/Testing	Yes	<input checked="" type="checkbox"/> <input type="checkbox"/> No
c.	HIV/Aids Info/Counseling	Yes	<input checked="" type="checkbox"/> <input type="checkbox"/> No
d.	Mental Health Services	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e.	Substance Abuse Services	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f.	Eye glasses	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g.	Dental exam and/or oral hygiene instruction	Yes	<input checked="" type="checkbox"/> <input type="checkbox"/> No
h.	Dental care (cleanings, fillings, extractions, etc.)	Yes	<input checked="" type="checkbox"/> <input type="checkbox"/> No
j.	Housing/Shelter Referral	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Benefits Assistance			
k.	Social Security benefit counseling	Yes	<input checked="" type="checkbox"/> No
l.	Employment and Job Training Assistance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
m.	Legal Services	Yes	<input checked="" type="checkbox"/> No
n.	Veterans Benefit Counseling	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other Services Provided			
o.	Personal Care Kits	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
p.	Hygiene (haircuts, showers) provided	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
q.	Other services: If yes list the services. Veterinarian, rabies vac. & dog tags, Child support services, 1 college, ID Cards, Daughters of the Revolution, VFW, Safehouse, VA home loans info, Lions Club Vision Screening, Alzheimers info, Blind Rehab, Free Massages	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	NCCHV Handouts		
r.	On site court services	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
s.	Was VAMC Volunteer Service involved?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
t.	Was Regional Office present?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

8. How many veterans attended the Stand Down?: **54**
Male Veterans: **47** Female Veterans: **7**
9. How many spouses/companions of veterans attended? **?**
10. How many children of veterans attended? **?**
11. How many volunteers participated? **50**
12. Were transportation services made available to help veterans get to the Stand Down?
 Yes No

Name of person filing this report: Lisa Lane Chair

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