



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: Kim L. Rodriguez
 Organization: Honoring/Hiring/Helping Our Heroes of Pinal County
 Mail Address: 318 N. Florence Street, Suite A
 City: Casa Grande State: AZ Zip: 85122
 Telephone: (520) 866-3646 Email: hohp4heroes@gmail.com

Location of Stand Down (City/State) Florence, AZ Date 4/15/2017

NUMBER of VETERANS SERVED: Total 182

Male total	<u>165</u>	Female total	<u>17</u>
Homeless	<u>21</u>	Homeless	<u>3</u>
_____ Homeless		Homeless with family	_____
with family	_____	Spouses attending	_____
Spouses attending	_____	Dependent Children	_____
Dependent Children	_____	Age: Under 25	_____
Age: Under 25	_____	26-35	_____
26-35	_____	36-50	_____
36-50	_____	51-65	_____
51-65	_____	65+	_____
65+	_____		

STATUS of VETERANS SERVED: Total _____

Male:		Female:	
With Disability	<u>45</u>	With Disability	_____
Acute Illness	_____	Acute Illness	_____
Without Shelter	_____	Without Shelter	_____
Unemployed	_____	Unemployed	_____
Without Income	_____	Without Income	_____

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
- X _____ C. One-day Homeless Veterans Resource Fair

Please share a story related to a veteran that attended the event and had a positive outcome

(Continued on reverse side)

SERVICES PROVIDED:

Health Services	
Agent Orange Info/Counseling	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 _____

In-Kind Donation Value:

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

Total budget _____

Event Personnel

(Insert number)

Organization Staff	<u> 15 </u>	Business partners	<u> 7 </u>
Medical Staff	<u> 2 </u>	VA Representatives	<u> 5 </u>
DVOP Representative	<u> 1 </u>	Other Government	<u> 10 </u>
Military/Veterans	_____	Volunteers	<u> 31 </u>

Total Event Staff 71



www.azceh.org