



## ARIZONA VETERANS STANDDOWN ALLIANCE

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](mailto:sgroen@azceh.org).

Event contact person: Cliff Wade  
Organization: Tucson Veterans Serving Veterans  
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City: Tucson State: Arizona Zip: 85732  
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Location of Stand Down (City/State) Tucson, Arizona Date: August 15, 2018  
Participating VAMC: Southern VA VA CHALENG POC: \_\_\_\_\_

### **NUMBER of VETERANS SERVED: 164**

#### **Male:**

Total 139 Homeless 22  
Homeless with family \_\_\_\_\_  
Spouses attending \_\_\_\_\_  
Dependent Children \_\_\_\_\_

Age: Under 25 1  
26-35 4  
36-50 27  
51-65 74  
Over 65 30

#### **Female:**

Total 25 Homeless 6  
Homeless with family \_\_\_\_\_  
Spouses attending \_\_\_\_\_  
Dependent Children \_\_\_\_\_

Age: Under 25 0  
26-35 3  
36-50 5  
51-65 13  
Over 65 3

### **STATUS of VETERANS SERVED: (Insert number)**

#### **Male:**

With Disability 52  
Acute Illness \_\_\_\_\_  
Without Shelter 22  
Unemployed \_\_\_\_\_  
Without Income \_\_\_\_\_

#### **Female:**

With Disability 52  
Acute Illness \_\_\_\_\_  
Without Shelter 6  
Unemployed \_\_\_\_\_  
Without Income \_\_\_\_\_

### **EVENT ADMINISTRATION:**

**Classification:** (Check One) – For descriptions, go to [www.nchv.org/standdown.cfm](http://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

**(Continued on reverse side)**

**SERVICES PROVIDED:**

<b>Health Services</b>	
Agent Orange Info/Counseling	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis C Screening/Testing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HIV/Aids Info/Counseling	<input checked="" type="checkbox"/> Yes <input 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
<b>Benefits Assistance</b>	
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
<b>Other Services Provided</b>	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Spiritual Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Activities to empower the veteran (open mic, meetings, graduation)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Event Budget:** (Excluding In-kind donations)

(Check one)

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 ☐

**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 ☒ X  
 Over \$30,000 ☐

**Event Personnel**

(Insert number)

Organization Staff 25  
 Medical Staff 1  
 DVOP Representative 10  
 Military/Veterans 49

Business partners 89  
 VA Representatives 14  
 Other Government 10  
 Volunteers 81

**Total Event Staff** 279