



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 shane@azhousingcoalition.org.

Event contact person: Ronni Wade
 Organization: Lake Havasu City Veterans Resource Team
 Mail Address: 2001 College Drive, Suite 152
 City: Lake Havasu City State: AZ Zip: 86403
 Telephone: 928-453-0748 ext. 3010 Email: rwade@courts.az.gov

Location of Stand Down (City/State) Lake Havasu City, Arizona Date 10/17/2020

NUMBER of VETERANS SERVED: Total 108

Male total	<u>93</u>	Female total	<u>15</u>
Homeless	<u>7</u>	Homeless	<u>0</u>
Homeless with family	<u> </u>	Homeless with family	<u>0</u>
Spouses attending	<u> </u>	Spouses attending	<u> </u>
Dependent Children	<u> </u>	Dependent Children	<u> </u>
Age: Under 25	<u>3</u>	Age: Under 25	<u>0</u>
26-35	<u>4</u>	26-35	<u>1</u>
36-50	<u>9</u>	36-50	<u>3</u>
51-65	<u>29</u>	51-65	<u>3</u>
65+	<u>46</u>	65+	<u>7</u>

STATUS of VETERANS SERVED: Total

Male:		Female:	
With Disability	<u>28</u>	With Disability	<u>5</u>
Acute Illness	<u> </u>	Acute Illness	<u> </u>
Without Shelter	<u> </u>	Without Shelter	<u>0</u>
Unemployed	<u> </u>	Unemployed	<u> </u>
Without Income	<u>64 (None listed)</u>	Without Income	<u>10 (None listed)</u>

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 brief story about a veteran that attended the event and had a positive outcome

Attendee, Veteran Bell, completed a physician assessment and a COVID -19 test that he wouldn't have otherwise. He acquired clothing items from Veterans Thrift including jeans, socks, and other items he cannot afford to purchase. After having pizza for lunch, he connected with the veteran organizations in attendance and is pursuing a VFW membership. This veteran has lived an isolated life since his parents passed away. However, he is looking forward to becoming an active participant in the veteran community because of this event.

(Continued on reverse side)

SERVICES PROVIDED:

Health Services	
Agent Orange Info/Counseling	XX Yes <input type="checkbox"/> No
Hepatitis C Screening/Testing	XX Yes <input type="checkbox"/> No
HIV/Aids Info/Counseling	XX Yes <input type="checkbox"/> No
Mental Health Services	XX Yes <input type="checkbox"/> No
Substance Abuse Services	XX Yes <input type="checkbox"/> No
Eye glasses	XX Yes <input type="checkbox"/> No
Dental exam and/or oral hygiene instruction	XX Yes <input type="checkbox"/> No
Dental care (cleanings, fillings, extractions, etc.)	XX Yes <input type="checkbox"/> No
Hygiene (haircuts, showers) provided	XX Yes <input type="checkbox"/> No
Benefits Assistance	
Social Security	XX Yes <input type="checkbox"/> No
MVD/ID services	XX Yes <input type="checkbox"/> No
DES	XX Yes <input type="checkbox"/> No
Legal Services	XX Yes <input type="checkbox"/> No
Courts	XX Yes <input type="checkbox"/> No
Veterans Benefits Counseling	XX Yes <input type="checkbox"/> No
Housing/Shelter Referral	XX Yes <input type="checkbox"/> No
Prevention Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment and Job Training Assistance	XX Yes <input type="checkbox"/> No
Education Services	XX Yes <input type="checkbox"/> No
Other Services Provided	
Transportation	XX Yes <input type="checkbox"/> No
Veterinary Services	XX Yes <input type="checkbox"/> No
Meals	XX Yes <input type="checkbox"/> No
Shelter offered during the event	XX Yes <input type="checkbox"/> No
Spiritual Services	<input type="checkbox"/> Yes XX No
Activities to empower the veteran (open mic, meetings, graduation)	<input type="checkbox"/> Yes XX No

Event Budget: (Excluding In-kind donations)

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:

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> 4 </u>	Business partners	<u> 0 </u>
Medical Staff	<u> 7 </u>	VA Representatives	<u> 2 </u>
DVOP Representative	<u> 1 </u>	Other Government	<u> 1 </u>
Military/Veterans	<u> 20 </u>	Volunteers	<u> 10 </u>

Total Event Staff 45



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