



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: Kim L. Vandenberg
 Organization: Honoring/Hiring/Helping Our Heroes of Pinal County (HOHP)
 Mail Address: 318 N. Florence Street, Suite A
 City: Casa Grande State: AZ Zip: 85122
 Telephone: (520) 866-3645 Email: hohp4heroes@gmail.com

Location of Stand Down (City/State) Coolidge, Arizona Date 11/14/20

NUMBER of VETERANS SERVED: Total 101

Male total	<u>94</u>	Female total	<u>7</u>
Homeless	<u>4</u>	Homeless	<u>0</u>
Homeless with family	<u>2</u>	Homeless with family	<u> </u>
Spouses attending	<u>2</u>	Spouses attending	<u> </u>
Dependent Children	<u> </u>	Dependent Children	<u> </u>
Age: Under 25	<u> </u>	Age: Under 25	<u> </u>
26-35	<u> </u>	26-35	<u> </u>
36-50	<u> </u>	36-50	<u> </u>
51-65	<u> </u>	51-65	<u> </u>
65+	<u> </u>	65+	<u> </u>

STATUS of VETERANS SERVED: Total 101

Male:		Female:	
With Disability	<u>25</u>	With Disability	<u>3</u>
Acute Illness	<u> </u>	Acute Illness	<u> </u>
Without Shelter	<u>4</u>	Without Shelter	<u> </u>
Unemployed	<u> </u>	Unemployed	<u> </u>
Without Income	<u>4</u>	Without Income	<u> </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

We had a disabled Veteran that attended the event. He was able to get a flu shot from the VA, received some warm clothing from HOHP, and attended the follow-up Saturday (21 November) at the HOHP follow-up needs event at the downtown center and received some furniture and washer/dryer! Made things a lot nicer for him!

(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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Dental exam and/or oral hygiene instruction	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
MVD/ID services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Legal Services	<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Education Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other Services Provided	
Transportation	<input type="checkbox"/> Yes <input checked="" 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 \$5,220.85

Event Personnel

(Insert number)

Organization Staff	<u> 6 </u>	Business partners	<u> 12 </u>
Medical Staff	<u> 4 </u>	VA Representatives	<u> 9 </u>
DVOP Representative	<u> 0 </u>	Other Government	<u> 2 </u>
Military/Veterans	<u> 10 </u>	Volunteers	<u> 50 </u>

Total Event Staff 93



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