



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 Andre Matthews at 623-633-3518 or andre@azhousingcoalition.org.

Event contact person: DOAN PATRICK FARRELL / STEPHEN KUDER
 Organization: JAVC / VFW AZ STATE DISTRICT 8
 Mail Address: P.O. BOX 4463
 City: Tempe State: AZ Zip: 86402
 Telephone: 928-716-3001 Fax: _____
 Website: www.javc.org Email: President@javc.org
 Location of Stand Down (City/State) BULLHEAD CITY AZ Date 06-25-2021
 Participating VAMC: Mesa VA CHALENG POC: _____

NUMBER of VETERANS SERVED: (Insert number)

Male:		Female:	
Total <u>32</u>	Homeless <u>1</u>	Total <u>7</u>	Homeless _____
Homeless with family _____		Homeless with family _____	
Spouses attending _____		Spouses attending _____	
Dependent Children _____		Dependent Children _____	
Age: Under 25 _____		Age: Under 25 _____	
26-35 <u>1</u>		26-35 <u>2</u>	
36-50 <u>2</u>		36-50 <u>1</u>	
51-65 <u>12</u>		51-65 <u>2</u>	
Over 65 <u>17</u>		Over 65 <u>2</u>	

STATUS of VETERANS SERVED: (Insert number) NOT RECORDED

Male:		Female:	
With Disability _____		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
- C. One-day Homeless Veterans Resource Fair
- D. One-day Homeless Veterans Health Fair
- E. One-day Homeless Veterans Job Fair
- F. Other events

(Continued on reverse side)

SERVICES PROVIDED:

Health Services	<u>YES</u>
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Agent Orange Info/Counseling	<input type="checkbox"/> Yes <input checked="" 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 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 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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Event Budget: (Excluding In-kind donations)

(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 _____
- 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 _____
- Over \$30,000 _____

Event Personnel

(Insert number)

- Organization Staff 8
- Medical Staff 4
- DVOP Representative 1
- Military/Veterans 14

- Business partners 41
- VA Representatives 6
- Other Government 8
- Volunteers 17

Total Event Staff

