



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 sqroen@azceh.org.

Event contact person: Judy Smith or Jezreel Ramirez
Organization: Right Turn for Yuma Veterans
Mail Address: 257 S. 3rd Avenue
City: Yuma State: AZ Zip: 85364
Telephone: (928) 783-2427 Email: jsmith@cfyuma.com

Location of Stand Down (City/State) Yuma, Arizona Date October 24, 2018

NUMBER of VETERANS SERVED: Total PHH

Table with 2 columns: Category and Count. Rows include Male total (95), Homeless (5), Homeless with family (2), Spouses attending, Dependent Children, Age: Under 25, 26-35 (1), 36-50 (48), 51-65 (21), 65+ (23).

Table with 2 columns: Category and Count. Rows include Female total (17), Homeless, Homeless with family, Spouses attending, Dependent Children, Age: Under 25, 26-35 (1), 36-50 (8), 51-65 (3), 65+ (5).

STATUS of VETERANS SERVED: Total

Table with 2 columns: Category and Count. Rows include Male: With Disability (22), Acute Illness, Without Shelter (3), Unemployed (14), Without Income (20).

Table with 2 columns: Category and Count. Rows include Female: With Disability (2), Acute Illness, Without Shelter (2), Unemployed (0), Without Income (3).

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 (checked)

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

Five horizontal lines for writing a story.

(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 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
Benefits Assistance	
Social Security	<input checked="" type="checkbox"/> Yes <input 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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Event Budget: (Excluding In-kind donations)

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:

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 _____

Total budget _____

Event Personnel

(Insert number)

Organization Staff 32
 Medical Staff 10
 DVOP Representative 2
 Military/Veterans 17

Business partners 4
 VA Representatives 8
 Other Government 10
 Volunteers 10

Total Event Staff 93



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