



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.

Event contact person: Marty Jarvey
 Organization: Fishers of Men for Veterans
 Mail Address: PO Box 2922
 City: Show Low State: AZ. Zip: 85902 Telephone: 928-369-8455
 Email: fishersforveterans@gmail.com
 Location of Stand Down (City/State) Show Low AZ. Date: Aug 11,2018

NUMBER of VETERANS SERVED: Total 153

Male total		Female total	
Homeless	<u> </u>	Homeless	<u>0</u>
Homeless with family	<u> </u>	Homeless with family	<u>0</u>
Spouses attending	<u> </u>	Spouses attending	<u>0</u>
Dependent Children	<u>4</u>	Dependent Children	<u>3</u>
Age: Under 25	<u> </u>	Age: Under 25	<u>0</u>
26-35	<u> </u>	26-35	<u>0</u>
36-50	<u> </u>	36-50	<u>0</u>
51-65	<u> </u>	51-65	<u>0</u>
65+	<u>143</u>	65+	<u>10</u>

STATUS of VETERANS SERVED: Total 153

Male:		Female:	
With Disability	<u>37</u>	With Disability	<u>3</u>
Acute Illness	<u>9</u>	Acute Illness	<u>4</u>
Without Shelter	<u>1</u>	Without Shelter	<u>0</u>
Unemployed	<u>0</u>	Unemployed	<u>0</u>
Without Income	<u>0</u>	Without Income	<u>0</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
- C. One-day Homeless Veterans Resource Fair

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

(Continued on reverse side)

SERVICES PROVIDED:

Health Services		
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 (Hope to have showers next year)		<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 (Hope to see them next year)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DES		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Legal Services		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Courts (Just information (hope to next year)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Veterans Benefits Counseling		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Housing/Shelter Referral		<input type="checkbox"/> Yes <input checked="" 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 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)

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 _____

Total budget \$5,327

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 _____

Event Personnel

(Insert number)

Organization Staff 16
 Medical Staff 5
 DVOP Representative 2
 Military/Veterans 15

Business partners 38
 VA Representatives 10
 Other Government 10
 Volunteers 24

Total Event Staff 120



ARIZONA COALITION TO END HOMELESSNESS

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