**OMB Control # 1293-NEW**

**Expiration Date: XX/XX/20xx**

**Public Burden Statement** - According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1293-NEW. The time required to complete this information collection is 2 hours per response, including the time to review instructions, search existing data sources, gather the data needed and complete and review the information collection. The obligation to respond is required to obtain or retain a benefit (38 U.S.C. 2021 and 2023). If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Labor, Veterans' Employment and Training Service, 200 Constitution Avenue, N.W., Washington D.C. 20210.

**Veterans’ Employment and Training Service**

**STAND DOWN AFTER ACTION REPORT**

1. List the City/State where Stand Down was held:
2. What was the date of this Stand Down?
3. Were the following services available? **YES NO**

Health screenings/examinations1

Housing/shelter referral1

Mental health services1

Employment and job training assistance1

Veterans’ benefits counseling1

Department of Veterans Affairs (VA)

Social Security benefit counseling

Agent Orange information/counseling

Hepatitis C screening/testing

HIV/AIDS information/counseling

Substance abuse services

Social and community services

Legal advice and services

Personal care/hygiene items or kits

Clothing (Cold weather, Underwear, or Boots)

Food (Lunch/Dinner/Snacks/Drinks)

1. How many persons attended the Stand Down?

Total in Attendance:       Male Homeless Veterans:       Female Homeless Veterans:

\_\_\_\_\_\_\_\_\_\_

1 A required service for a Stand Down event as stated in the funding opportunity announcement.

**I certify that the responses in this report are accurate, complete, and current as of this date. I attest that the funds were spent in accordance with terms and conditions of the Stand Down grant award and applicable regulations.**

Person filing this report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address, City, State and Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VETS-703

Revised April 2016