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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?	<u>YES</u>	<u>NO</u>
Health screenings/examinations ¹	<input type="checkbox"/>	<input type="checkbox"/>
Housing/shelter referral ¹	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services ¹	<input type="checkbox"/>	<input type="checkbox"/>
Employment and job training assistance ¹	<input type="checkbox"/>	<input type="checkbox"/>
Veterans' benefits counseling ¹	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Department of Veterans Affairs (VA)		
Social Security benefit counseling	<input type="checkbox"/>	<input type="checkbox"/>
Agent Orange information/counseling	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C screening/testing	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS information/counseling	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse services	<input type="checkbox"/>	<input type="checkbox"/>
Social and community services	<input type="checkbox"/>	<input type="checkbox"/>
Legal advice and services	<input type="checkbox"/>	<input type="checkbox"/>
Personal care/hygiene items or kits	<input type="checkbox"/>	<input type="checkbox"/>
Clothing (Cold weather, Underwear, or Boots)	<input type="checkbox"/>	<input type="checkbox"/>
Food (Lunch/Dinner/Snacks/Drinks)	<input type="checkbox"/>	<input type="checkbox"/>

4. 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: _____

Signature: _____ Date: _____

