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/examinations
   - Housing/shelter referral
   - Mental health services
   - Employment and job training assistance
   - Veterans’ benefits counseling
   - 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)

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: _____________________________________________

Grant Agreement Number: ______________________________________________________

Signature: __________________________________________ Date: ________________