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: _______

   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: ____________________________