

STAND DOWN

Technical Assistance Guide

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WELCOME TO STAND DOWN! You will be a part of a special program to assist homeless veterans. The agencies involved will do everything possible to make this a good experience for you and provide as much assistance as we can.

We need your help to keep thing going in a positive direction. Please observe the following rules:

- * NO DRUGS
- * NO ALCOHOL
- * NO VIOLENCE
- * NO SMOKING IN THE TENTS
- * NO DOGS ON-SITE

This event is for **HOMELESS VETERANS!** If this is not your situation, don't take up a place a homeless brother may desperately need. **Lives are at stake here!!!**

This year, all active duty periods will be verified with VA or Dept. of Defense record prior to admission to the STAND DOWN site. Persons making claims which cannot be validated will not be allowed on-site. If you have not served as an active duty member of the armed forces of the United States, STAND DOWN is not for you. Dependents will be admitted only if accompanied by a veterans whose status is validated. Your cooperation in the registration process is required in order to be allowed access to STAND DOWN.

With all of us working together, we can make it a success and lead the way for other programs to help our homeless brothers and sisters throughout the nation. Attached is a schedule of events. **WELCOME BROTHERS AND SISTERS!** We hope that you have a good weekend at STAND DOWN and thanks for your help.

Stand Down Evaluation

THIS FORM WILL HELP US FIND OUT WHAT WORKED FOR YOU AT "STAND DOWN"

1. What did you like best about STAND DOWN?

2. What did you like least?

3. What workshops did you attend? (please circle)

- | | |
|-----------------------|----------------------------------|
| 1. Employment | 7. Job Search |
| 2. VA Benefits | 8. Dysfunctional Family Workshop |
| 3. Alcohol/Drug Educ. | 9. Health Services |
| 4. Social Services | 10. Foot Care |
| 5. Agent Orange | 11. AIDS Workshop |
| 6. P.T.S.D. | |

4. Which of the above three were most helpful? (rank order)

5. What follow-up services do you believe are necessary?

6. What support groups did you attend?

AA _____ NA _____
Triple Threat _____
Stress Reduction _____
Dysfunctional Families _____

7. How successful was STAND DOWN for you on a scale of one to five?

Please circle the number with five being the highest rating.

1 2 3 4 5

8. Do you plan to use any of the services that you found out about?

9. What different services would you like to see at any future STAND DOWN?

10. What was your overall impression of STAND DOWN?

11. To what factors do you attribute your present homelessness? (i.e. I choose homelessness, cost of housing, alcohol or drug abuse, etc...)

14. Did you attend last year's "stand down"?
 Yes No
15. How long have you been homeless?
 less than 1 month 7-12 months 3-4 years
 2-6 months over 1-2 years 5 years & over
16. How long have you been in this state?
 less than 1 month 7-12 months 3-4 years
 2-6 months over 1-2 years 5 years & over
17. Where have lived during the past month?
 beaches parks shelters relatives or family
 friends streets automobile
 half-way house
18. Have you ever been in any of the following?
 county jail state prison federal prison
19. Have you ever sought counseling or mental health service?
 Yes No
20. My experience with drug/alcohol began:
 before military service
 during military service
 after military service
 not applicable
21. Have you ever sought service from a VA medical center?
 Yes No
- If yes, how would you rate the quality of care?
 very good good no opinion poor very poor

Please rate the following items:

	Never	Seldom	Sometimes	Often	Very Often
22. I get depressed easily					
23. I was exposed to war and injury.					
24. I was exposed to combat.					
25. I feel angry easily.					
26. I have trouble holding a job.					
27. I have attempted suicide.					
28. I have suicidal thoughts.					
29. I have nightmares about war.					
30. I feel like I have control over events in my life.					
31. I think about the war everyday.					
32. I find it difficult to talk about my war experience.					
33. I experience guilt related to my experiences in a war zone.					

34. How did you hear about "Stand Down"?
_____ newspaper articles _____ TV _____ radio _____ outreach counselor
_____ minister _____ family/friends _____ veteran organizations
_____ flyers/posters _____ others, please specify _____

35. Why did you attend "Stand down"?
_____ food _____ legal assistance _____ medical assistance
_____ clothing _____ showers _____ entertainment
_____ social service _____ companionship _____ safety from the streets
_____ counseling _____ other, please specify _____

36. List the three workshops or services that were most helpful:
1. _____
2. _____
3. _____

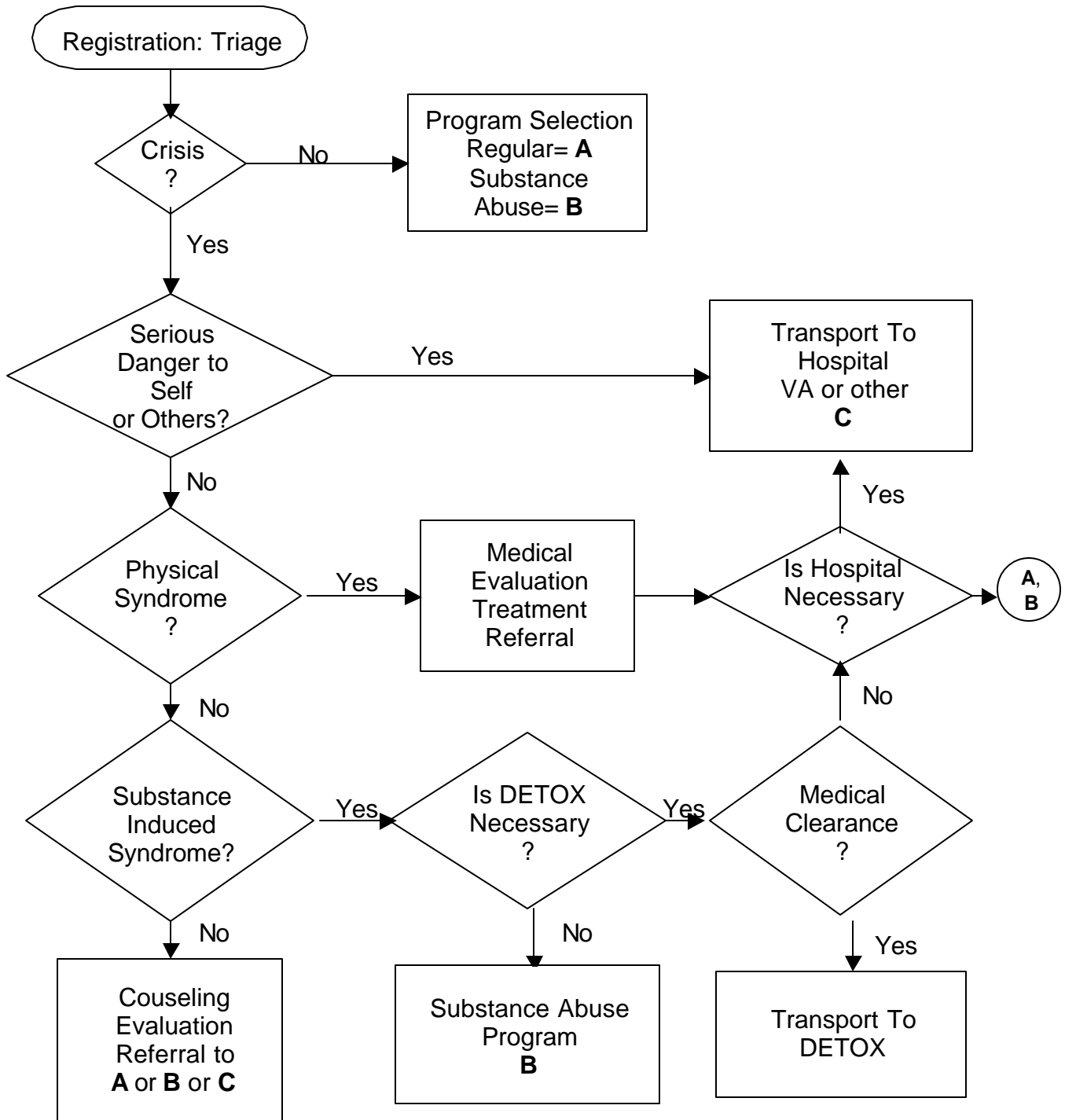
37. Which services do you plan to use after "Stand Down"?

38. What did you like least about "Stand Down"?

39. What did you like best about "Stand Down"?

40. Other comments on "Stand Down" _____

"STAND DOWN" CRISIS INTERVENTION MODEL



**VETERAN'S STAND DOWN
LEGAL SERVICES - REQUEST FOR COURT APPEARANCE**

Please PRINT following information:

1. Full Name: _____
(Last) (First) (Middle)
2. Do you use any other name: Yes _____ No _____
If YES, what? _____
3. Date of Birth: _____
4. Social Security #: _____
5. Address: _____

6. Telephone #: _____
7. Physical Description: Sex _____ Race _____
Height _____ Weight _____ Hair _____ Eyes _____
8. Case Information:
 - a. What offense(s) were you charged with?

 - b. Were you ever booked in County Jail on these charges? Yes __ No __
 - c. Have you ever appeared in Court on these charges? Yes __ No__
If YES, where? _____

For Office Use Only

Vet. Stat. Ver. _____ Tent # _____ SD03 _____/_____

DISTRIBUTION: Original - Court
Yellow - VVSD
Green - Defendant