



VA



U.S. Department  
of Veterans Affairs  
VA Greater Los Angeles Healthcare System

# 3<sup>rd</sup> Annual VA Greater Los Angeles Veteran Stand Down

## Where:

**Welcome Center (Building 257)**  
11301 Wilshire Blvd Los Angeles, CA 90073

## When:

**Friday, October 27, 2017 ♦ 0600 - 1700**

## Services

- **Clothing**
- **Community Resources**
- **Counseling Services**
- **Dental Services**
- **Education Services**
- **Employment Services**
- **Entertainment**
- **Family Assistance**
- **Flu Shots**
- **Hair Cuts / Grooming**

- **Hot Meals**
- **Hot Showers**
- **Housing Assistance**
- **Hygiene Items**
- **Legal Assistance**
- **Medical Services**
- **Pet Services (Spay & Neuter)**
- **Substance-Abuse Counseling**
- **Veterans Benefits**
- **Women Services**

## Pre-Registration

**Volunteers**

**[www.bwscampus.com/standdown](http://www.bwscampus.com/standdown)**

**Vendors / Veterans**

**FAX: (310) 268-4765**

**Email: [Michael.Johnson33fc51@va.gov](mailto:Michael.Johnson33fc51@va.gov)**

# Veteran PRE-REGISTRATION FORM

## HOMELESS TO HOUSE VETERANS STAND DOWN

3<sup>rd</sup> Annual GLA Housing VETERANS STAND DOWN

VA Greater Los Angeles Healthcare System  
Community Engagement and Reintegration Services  
11703 Wilshire Blvd, Los Angeles, CA 90073

**October 27, 2017**

### **Veteran PRE-REGISTRATION FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SSN \_\_\_\_\_ VA Claim# \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity/Race: (circle one) 1. African-American/Black 2. Caucasian/White 3. American Indian/Alaskan Native 4. Pacific Islander 5. Asian 6. Latino/Hispanic

What is your current marital status? (Circle only one)

1. Married 2. Re-married 3. Widowed 4. Separated 5. Divorced 6. Never Married

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_

Army Navy Marine Corps Air Force Coast Guard

Discharge (circle one)

1. Honorable 2. General 3. Other than Honorable 4. Bad Conduct 5. Dishonorable

Served in war Zone? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

Do you have a Service-Connected Disability? Yes \_\_\_\_\_ No \_\_\_\_\_ What Percent? \_\_\_\_\_

Have you ever been a patient at a VA Medical Center? Yes \_\_\_\_\_ No \_\_\_\_\_ Where \_\_\_\_\_

Do you require sleeping accommodations at the event? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you attended a previous Stand Down? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please fax all Pre-Registration forms by October 20, 2017 to: Melinda Estes (eligibility) Fax: (310) 268-4765**

**Please bring your DD-214 with you to the stand down**

**SERVICES NEEDED AT THIS STAND DOWN:** (Put an X beside the services you want to get at the event)

- VASH Housing
- GPD Transitional Housing
- Bridge Housing
- Temporary Shelter
- Family Housing
- Substance Abuse Treatment Program
- Employment & Training referrals
- Legal Services
- Vision
- Dental
- Clothing
- Meals
- Transportation
- VA Enrollment & Assessment Services
- VA Medical/Mental Health services

VENDORS-REGISTRATION FORM  
HOMELESS TO HOUSE VETERANS STAND DOWN

**"EVERY DAY IS VETERANS' DAY"**

**VA GLA 3<sup>rd</sup> Annual Stand Down**

VA Greater Los Angeles Healthcare System  
Welcome Center, Building 257  
Community Engagement and Reintegration Program  
11301 Wilshire Blvd, Los Angeles, CA 90073

**VENDORS-REGISTRATION FORM**

*October 27, 2017*

*veteran's registration will begin at 6:00 am*

*Service hours will begin at 7:00 pm*

**\*\*\*Please check off/ write in the hours you will be providing services\*\*\***

I will be participating all day \_\_\_\_\_ Hours participating \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # (\_\_\_\_)-\_\_\_\_\_-\_\_\_\_\_ Fax #: (\_\_\_\_)-\_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Email Address \_\_\_\_\_

Below, briefly describe the services your organization will be providing. List types of giveaways or literature you will be distributing. Also, list if you are bringing a mobile unit or any special setup equipment that may require VA assistance.

*All registered vendors will be provided 1 table and 2 chairs and a canopy. However, you are encouraged to bring your company's canopy, table and chairs.*

**Due to lack of space, it is advised that each vendor provide no more than 2 volunteers per table.**

**Day of, we ask that you set up your booth by 7:00 am (Service hours set to begin at 7:30 am). A vendor package will be emailed to you upon the receipt of your completed registration form.**

Fax completed registration forms to 310-268-4765 ATTN: Michael Johnson or email the completed registration form to, [Michael.johnson33fc51@va.gov](mailto:Michael.johnson33fc51@va.gov)