Please take a few moments to give us some feedback about your experience at the Stand Down. Please select only one box.

**Are you a combat veteran?** 🞏 Yes 🞏 No **Gender** 🞏 Male 🞏 Female

**What year(s) did you serve in the military**? \_\_\_\_\_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_\_\_\_\_

**Religious affiliation (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Zip code or city where you stay the majority of the time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How would you rate your satisfaction with the Stand Down?**

🞏 Excellent 🞏 Good 🞏 Adequate 🞏 Unsatisfactory

**Did you have any unmet needs that should be focused on at future Stand Downs?**

**Do you have any suggestions for improvement for future Stand Downs?**

**In what ways has attending the Stand Down improved your quality of life?**

**Was there a particular service provided, interaction, story or moving moment today that you would like to share that was beneficial or helpful for you?**

**Would you be interested in participating in the Shelter Plus Care Program and receiving services to meet your needs?** If so, please provide your contact information (name and email or phone number) so you can be contacted.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email and/or phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide any additional feedback/comments on the back of this form.**