



The American Legion, Department of Wisconsin

Recipient of the 2010 Lenker National Service Award

VETERANS AFFAIRS AND REHABILITATION REPORT FORM

Please Type, Print neatly or attach a computer generated form and return to Headquarters by **June 1, 2013**.
You can find a fillable version of this form at www.wilegion.org under Services → Veterans Affairs & Rehabilitation

POST NAME _____ POST # _____ DISTRICT # _____

1. Do you have a Post Service Officer (PSO)? Yes ___ No ___
2. Number of Veterans assisted by your PSO. _____
3. Do you have medical equipment to loan to veterans? Yes ___ No ___
4. Do you have medical equipment to loan to veterans' dependents? Yes ___ No ___
5. Do you have activities and/or programs to help homeless veterans? Yes ___ No ___
6. Number of veterans for whom you have found employment. _____
7. Number of veterans for whom you have found training opportunities. _____
8. Does your Post provide Military Funeral Honors? Yes ___ No ___
9. Number of regularly scheduled volunteers that contribute to VA Voluntary Service (VAVS) Programs. _____
10. Number of regularly scheduled hours contributed to VA Voluntary Service (VAVS) Programs. _____
11. Number of occasional volunteers that contributed to VAVS Programs. _____
12. Number of occasional volunteer hours contributed to VAVS Programs. _____
13. Give a short report on any Post activities within the VAVS Program at local VA health care facilities, State facilities or other facilities. _____

14. What does your Post do to encourage and support Youth Volunteers? _____

15. Are Post funds contributed at local VA health care facilities? Yes/Amount ___ No ___
16. Are Post Funds contributed in rehabilitation related activities? Yes/Amount ___ No ___
17. Does your Post newsletter have a regular column by your Post Service Officer? Yes ___ No ___