



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, 2012.

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