



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, 2011.

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 ____