

VETERANS AFFAIRS & REHABILITATION

REPORT FORM

Post Name: _____ Post No: _____ 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 ___