



# Sons of The American Legion Veterans Rehabilitation Report Form

Reporting Year: 20\_\_ to 20\_\_ Detachment of \_\_\_\_\_

( ) Detachment Current Membership: \_\_\_\_\_ Previous Year: \_\_\_\_\_  
( ) District Current Membership: \_\_\_\_\_ Previous Year: \_\_\_\_\_  
( ) Squadron Current Membership: \_\_\_\_\_ Previous Year: \_\_\_\_\_

Squadron # \_\_\_\_\_ Address: \_\_\_\_\_

Is there a VAVS Representative for your local V.A. Hospital? YES NO

If Yes, How many? \_\_\_\_\_

### SECTION I – Hours

A) State V.A. Veterans Home Number of Hours: \_\_\_\_\_  
B) V.A. Medical Centers Number of Hours: \_\_\_\_\_  
Total (A + B): \_\_\_\_\_

### SECTION II – Field Service and Home Service

A) Field Service Number of Hours: \_\_\_\_\_  
B) Home Service Number of Hours: \_\_\_\_\_  
Total (A + B): \_\_\_\_\_

### SECTION III – Visits – State VA Veterans Homes or VA Medical Centers

A) State V.A. Veterans Home Number of Visits: \_\_\_\_\_  
B) V.A. Medical Centers Number of Visits: \_\_\_\_\_  
Total (A + B): \_\_\_\_\_

### SECTION IV – Type of Donations

A) Cash Dollar Amount: \_\_\_\_\_  
B) Items Estimated Dollar Amount: \_\_\_\_\_  
Total (A + B): \_\_\_\_\_

**SECTION V** – Give a brief description of activities and locations (i.e. VA Hospitals, VA Homes) (Attach a separate sheet if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION VI** – Add additional money donations if this is a District or Detachment report.

**Total:** \_\_\_\_\_

Certified by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to Detachment Headquarters no later than (30) days prior to the State Convention**

## WHAT TO DO WHEN FILLING OUT THIS FORM

- Activity** Mark off the appropriate level pertaining to you, (✓) Detachment, District or Squadron.  
Indicate the membership at the time of the report as compared to last year's.  
Squadrons: Include name, address and Detachment.  
(Example: John Smith, Squadron 1, American St, Anytown, USA, Detachment of \_\_\_\_\_)  
Question: Is there a VAVS Representative for your local Hospital?
- Section I** Record the number of hours spent either at a VA Home or Medical Center and total where indicated.
- Section II** Fill out as follows:  
**Field Service:** Time spent providing services for veterans not in a VA facility. (Example: house maintenance, shopping, transportation).  
**Home Service:** Any service performed at your own home or residence. (Example: baking, making care packages).
- Section III** Record the number of hours visits and total where indicated. Each member counts as a visit at each event.
- Section IV** Record any monetary donations given to a VA facility or programs on line "A".  
If any gifts are given (Example: TV's, pool table, clothing) estimate the dollar value and enter on line "B".
- Section V** Explain what kind of activity took place and what your members did and how.
- Section VI** Enter any dollars expended by the District or Detachment and total the amounts. NOTE: All volunteer hours from all District and Detachment projects should be added to their respective Squadron reports.
- Notes**
- A. This report **must** be signed to be accepted by either the Squadron Commander/Adjutant/Advisor.
  - B. This form is to be used only for Veterans Rehabilitation. DO NOT use this form for Special Olympics, Muscular Dystrophy, Child Welfare Foundation, Teen Dance, etc.)
  - C. Mail one copy to your District and Detachment.

**MAIL TO :**

**Detachment of Maine  
Attn: VA&R Reports  
P.O. Box 155  
Woolwich, ME 04578**