

DEPARTMENT SERVICE TROPHY QUESTIONNAIRE

**VETERANS AFFAIRS & REHABILITATION ACTIVITIES
MAY 1, 2020 – APRIL 30, 2021**

DUE AT DEPARTMENT HEADQUARTERS NO LATER THAN MAY 21

Please list your Post's Veterans Affairs & Rehabilitation activities for the past 12 months. There are six (6) categories in VA&R and according to the size of your Post, this determines the category your Post is in. A trophy will be awarded to a Post in each category with the most outstanding VA&R programs based on the VA&R portion of the Consolidated Report and the following. Please use additional sheets for details, as necessary.

(POST LOCATION) (POST NO.) (DISTRICT) (DATE)

MEMBERSHIP AS OF APRIL 30, 2021 _____

1. Does your Post report Rehabilitation activities to Department Headquarters (PLEASE CIRCLE) Yes/No
2. Does your Post have a Post Service Officer? Yes/No
3. (a) Number of claims your Post Service Officer handled this year.(7) _____
(b) Number of veterans whom Service Officer found employment. _____
(c) Number of veterans for whom Service Officer found training opportunities. _____
(d) Does your post have medical equipment for loan? Yes/No
If yes, number of times equipment was loaned. _____
(e) Does your Post have activities/programs to help homeless veterans? Yes/No
4. Does your Post conduct a service clinic? Yes/No
If yes, describe how it is conducted.

5. (a) Does your Post have a Color Guard? (33) Yes/No
(b) Does your Post have a Firing Squad? (34) Yes/No
(c) Does your Post conduct military funerals? Yes/No
If yes, how many? (35)_____. Cost to Post (36) \$ _____
(d) Number of government grave markers ordered? _____
(e) Does your Post maintain grave registration records? Yes/No
(f) Give a short report of Post activities as to grave registration and place of Legion markers.

6. Does your Post engage in visits to sick veterans at home and in hospitals? Yes/No
If yes, give a short report of these activities.

7. Does your Post conduct welfare projects, entertainment for hospitals, or any similar projects? Yes/No
If yes, give a short report of these activities.

8. Itemize Post funds expended for Question #7.

(OVER)

9. Does your Post contribute to hospital Christmas program funds? Yes/No
If yes, indicate amount. \$ _____

10. Briefly describe what your Post does to stimulate poppy distribution.

11. Do you have any special rehabilitation project(s) or Job Fair(s) that regularly aid(s) veterans?
and their dependents? Yes/No
If yes, briefly describe.

12. Do you have a regular rehabilitation publicity program to acquaint veterans as to federal and
state benefits? Yes/No

13. To date, the number of regularly scheduled (RS) volunteers and RS hours contributed to the
VA Voluntary Service (VAVS) programs within your Post.
RS Volunteers _____
RS Hours _____

14. To date, the number of occasional volunteers and occasional hours contributed to VAVS
Programs within your Post.
Occasional Volunteers _____
Occasional Hours _____

15. Number of **new** VAVS volunteers and assignments within the past year _____

16. Number of Temporary Financial Assistance (TFA) applications received _____

17. Number of Family Support Network referrals received _____

18. Any additional comments. (Describe on this sheet or separate sheets) in some detail, specific
VA&R activities promoted by your Post. REMEMBER: this Section of the Narrative Report is
Important to your Department VA&R Committee in determining various Department VA&R
Awards.

POST COMMANDER

POST ADJUTANT

DATE