INSTRUCTIONS FOR COMPLETING
2025-2026 POST Veterans Affairs and Rehabilitation Report
NARRATIVE REPORT

TO POST VA & R CHAIRMAN:

The VA & R Program of the American Legion gives recognition and support to the ideals and principles of individual and combined post programs that promote VA & R in general. It also embraces our overall commitment and involvement to our Veterans.

1) **Before filling out and completing this narrative form, please be sure that your section of the CONSOLIDATED POST REPORT FORM has been completed. THE FORM IS DUE TO DEPARTMENT HEADQUARTERS NOT LATER THAN 15 May 2026. Please note that the numbers in parenthesis on the Consolidated Post Report coincide with the numbers on the Department VA & R report as an aid in filling out both reports.**

2) **Do not attach this narrative report to the Post Consolidated Report It is intended for the use of the Department VA & R Committee in determining Post VA & R awards and for substantiating to National Headquarters that Department has attained 100 percent VA & R narrative reporting for the 2025-2026 Legion year.**

3) **In order to make your total report more effective, please make the following appropriate copies of this form after completing:**

   A) **Original Copy to Department VA & R Chairman listed on the report at the bottom**
   B) **One copy to your District VA & R Chairman**
   C) **One copy to your Post's records**

REMEMBER: Please mail the original to the VA & R Chairman whose address is at the bottom of this sheet as well as at the bottom of the VA & R Narrative Report so that it arrives by the due date of May 22, 2026. If you update and would like to submit to the VA & R Chairman via email, the email address is legionpost37va@gmail.com
Thank You.

MAIL or EMAIL THIS FORM TO BE RECEIVED BY DUE DATE OF MAY 22, 2026, TO:
The American Legion
Department of Virginia
Alonzo Scott VA & R Chairman
PO Box 11025
Richmond, VA 23230-3700
eeccleston@valegion.org

VETERANS AFFAIRS & REHABILITATION ACTIVITIES
MAY 1, 2025 – APRIL 30, 2026

DUE AT DEPARTMENT HEADQUARTERS NO LATER **THAN MAY 22, 2026**

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 note the numbers in parenthesis on this report refer to the same numbers on the CONSOLIDATED POST REPORT**. Please use additional sheets for details, as necessary.

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

MEMBERSHIP AS OF APRIL 30, 2026 _____

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 **(43)** _____
   (c) Number of veterans for whom Service Officer found training opportunities. **(44)** _____
   (d) Does your post have medical equipment to 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 Participate in the "***Be The One***" program? (13) __Yes / No ___
   (b) How many Post members participated in "***Be The One***" training? (14) # _____
   (c) how many "***Be the One***" events were held by the Post? (15) # _____

6. (a) Does your Post have a Color Guard/Firing Squad? **(26)** __Yes / No__
   (b) Does your Post provide Wake Services / conduct military funerals **(27)** __Yes / No__
   (c) What does it cost your Post for wakes / military funerals? **(28)** $_____
   _____
   _____

7. 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.
   _____
   _____

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

9. Itemize Post funds expended for Question #7. **(add dollar amount to #125)**
   _____
   _____

(OVER)

10. Does your Post contribute to hospital Christmas program funds? Yes / No (**add to # 125**)
If yes, indicate amount. $_____

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

_____
_____
_____

12. Do you have any special rehabilitation project(s) or Job Fair(s) that regularly aid(s) veterans? and their dependents? **(41)** __Yes / No__
If yes, briefly describe.

_____
_____
_____

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

14. To date, the number of regularly scheduled (RS) / Occasional volunteers and RS / Occasional hours contributed to the VA Voluntary Service (VAVS) programs within your Post.

Volunteers__ **(12)** _____ # Hours __ **(9)** _____

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

16. Number of Temporary Financial Assistance (TFA) applications received_____
(refer to CPR blocks 102 & 103)

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. (refer to CPR blocks 125 & 126)

_____
_____
_____
_____
_____
_____
_____

_____ _____
POST V A & R CHAIRMAN POST ADJUTANT

_____ _____
DATE POST COMMANDER