

# THE AMERICAN LEGION, DEPARTMENT OF MICHIGAN

## POST SERVICE OFFICER REPORT

DATE: \_\_\_\_\_ DISTRICT#: \_\_\_\_\_ POST#: \_\_\_\_\_

PREPARED BY: \_\_\_\_\_ (Please Print)

ADDRESS/City/Zip: \_\_\_\_\_

1. Number of Veterans assisted by your Post? \_\_\_\_\_
2. Does your Post have medical equipment to loan to Veterans? **Yes** \_\_\_\_ **No** \_\_\_\_ Dependents? **Yes** \_\_\_\_ **No** \_\_\_\_
3. Does your Post have activities/programs to help homeless Veterans? **Yes** \_\_\_\_ **No** \_\_\_\_
4. Number of veterans for whom you have found employment: \_\_\_\_\_
5. Number of veterans for whom you have found training opportunities: \_\_\_\_\_
6. Does your post provide military funeral honors? **Yes** \_\_\_\_ **No** \_\_\_\_
7. The number of regularly scheduled (RS) volunteers and RS hours contributed to VA Voluntary Service (VAVS) programs within your Post: #RS Volunteers \_\_\_\_\_ #RS Hours \_\_\_\_\_
8. The number of occasional volunteers and occasional hours contributed to VAVS programs within your Post:  
#Occasional Volunteers: \_\_\_\_\_ #Occasional Hours: \_\_\_\_\_
9. Number of new VAVS volunteers and assignments within the past year: \_\_\_\_\_
10. Give a short report of your Posts activities within the VAVS program at local VA, State Veteran Homes or community locations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What does your Post do to encourage and support Youth volunteers? \_\_\_\_\_
11. Does your Post contribute to General Post Funds at local VA health care Facilities?  
If yes, Amount: \_\_\_\_\_
12. Does your post have any special rehabilitation projects that regularly aid veterans and their dependents?  
\_\_\_\_\_  
\_\_\_\_\_
13. Number of Temporary Financial Assistance (TFA) applications? \_\_\_\_\_
14. Number of Family Support Network referrals? \_\_\_\_\_
17. List the Post funds expended in rehabilitation-related activities: \$ \_\_\_\_\_
18. Does your post have a regular rehabilitation publicity program to acquaint veterans as to Federal and State benefits? **Yes** \_\_\_\_ **No** \_\_\_\_
19. Number of referrals to Department Service Officers: \_\_\_\_\_
20. Number of referrals to County Services: \_\_\_\_\_