

# Post Service Officer's Annual Report

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## Post Information

District: \_\_\_\_\_ Post: \_\_\_\_\_ Post Membership (previous year): \_\_\_\_\_  
City: \_\_\_\_\_ Population: \_\_\_\_\_

## Contact Information

Personal interviews: \_\_\_\_\_ Telephone calls: \_\_\_\_\_ Referrals made: \_\_\_\_\_  
Letters received: \_\_\_\_\_ Letters sent: \_\_\_\_\_ Miles Traveled: \_\_\_\_\_

## Preparation of Claims For Benefits Or Services

### Service Connected Disability Compensation

Original claims: \_\_\_\_\_ Reopened claims: \_\_\_\_\_ Claims for Increase: \_\_\_\_\_  
Clothing Allowance: \_\_\_\_\_ Adapted Conveyance: \_\_\_\_\_ Adapted Housing: \_\_\_\_\_

### Non-service Connected Disability Pension

Original claims: \_\_\_\_\_ Reopened claims: \_\_\_\_\_ EVR's: \_\_\_\_\_

### Non-service Connected Death Pension

Original claims: \_\_\_\_\_ Reopened claims: \_\_\_\_\_ EVR's: \_\_\_\_\_

### Death Benefits

Burial / Plot Interment Allowance: \_\_\_\_\_ Burial Flags: \_\_\_\_\_ Grave Markers: \_\_\_\_\_

### Education Benefits

Montgomery GI Bill: \_\_\_\_\_ Vocational Rehabilitation: \_\_\_\_\_

Dependents Education Assistance Program: \_\_\_\_\_ Michigan PA 245: \_\_\_\_\_

Healthcare

Original: \_\_\_\_\_ Annual renewal: \_\_\_\_\_ Special inpatient programs: \_\_\_\_\_

Home Improvement and Structural Alteration Grants \_\_\_\_\_

Insurance

Original RH Insurance: \_\_\_\_\_ Claim for death benefit: \_\_\_\_\_

Beneficiary Assignment: \_\_\_\_\_ Other insurance adjustments: \_\_\_\_\_

**Other Services**

Acquisition of Records

Report of Separation or DD Form 214: \_\_\_\_\_ Other active duty records: \_\_\_\_\_

Dependency documents \_\_\_\_\_ Other records or documents: \_\_\_\_\_

Acquisition of Medals and Awards: \_\_\_\_\_

Temporary Financial Assistance

Department Emergency Aid Fund: \_\_\_\_\_

National Americanism and Children & Youth: \_\_\_\_\_

Referrals:

Michigan Veterans' Trust Fund: \_\_\_\_\_

Soldiers' Relief Fund (for burial allowance or financial assistance): \_\_\_\_\_

Michigan Homes For Veterans: \_\_\_\_\_

Social Security Administration: \_\_\_\_\_

**Remarks**

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\_\_\_\_\_  
Printed name of PSO

\_\_\_\_\_  
Signature