

Post Service Officer's Annual Report

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

Printed name of PSO

Signature