

DEPARTMENT SERVICE TROPHY QUESTIONNAIRE

VETERANS AFFAIRS & REHABILITATION ACTIVITIES
MAY 1, 2023 – APRIL 30, 2024

DUE AT DEPARTMENT HEADQUARTERS NO LATER THAN MAY 3, 2024

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 in the report to help fill out the CONSOLIDATED POST REPORT.** Please use additional sheets for details, as necessary.

(POST LOCATION)	(POST NO.)	(DISTRICT)	(DATE)
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MEMBERSHIP AS OF APRIL 30, 2024 _____

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 (41) _____
(c) Number of veterans for whom Service Officer found training opportunities. (42) _____
(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? (38) _Y/N_
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/Firing Squad? (23) __Yes/No__
(b) Does your Post provide Wake Services (24) __Yes/No__
(c) Does your Post conduct military funerals? (25) __Yes/No__ Cost to Post (26) \$____
(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. (add dollar amount to #121)

(OVER)

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9. Does your Post contribute to hospital Christmas program funds? Yes/No **(add to # 121)**
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? **(39)** __ 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) / Occasional volunteers and RS /
Occasional hours contributed to the VA Voluntary Service (VAVS) programs within your Post.

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

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

15. Number of Temporary Financial Assistance (TFA) applications received_____

16. Number of Family Support Network referrals received _____

17. 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