

DUE DATE - JUNE 1, 2004

**THE AMERICAN LEGION
DEPARTMENT OF MARYLAND, INC.
101 N. GAY STREET
BALTIMORE, MD 21202**

**VETERANS AFFAIRS - POST REHABILITATION
REPORT**

This form must be in the Department Headquarters no later than JUNE 1, 2004, close of business for consideration.

Post Name _____ Post No. _____

District _____ No. of members _____

1. Has your Post Service Officer attended the Department Service Officer Seminar? _____

2. Number of cases referred by your Post Service Officer to:
Department of Veterans Affairs _____ Maryland Veterans Commission _____
Dept. of MD, Service Officer _____ other Service Organization _____

3. Does your Post conduct a Blood Program _____ If YES, how many pints? _____

4. Hospital visits by members. *not for entertainment, list hospital names and hours spent by members*

(attach separate sheet, if necessary)

5. Has your Post distributed to hospitalized veterans:

Magazines _____

Canteen Coupon Books _____

Other Items _____

6. Assistance by your Post to needy veterans.

Number of cases _____ Amount of money spent \$ _____

Value of goods / services donated by Post _____

7. Hospital entertainment (*multiply hours by number of patients*) _____

Number of gifts donated _____ Value of gifts _____

8. Other Rehabilitation Activities of your Post _____

(attach separate sheet, if necessary)

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