THE AMERICAN LEGION - DEPARTMENT OF OREGON

2020-2021 QUESTIONNAIRE

NUMBER 18 – REHABILITATION REPORT

COMPLETED FORM DUE AT DEPARTMENT BY MAY 15, 2021.

Please Print or Type

Post Name _______________________________   Post No. _____________
Number of members in Post ________    Date _________________

1. Competing Post will submit in story form, not to exceed 1,000 words, any and all activities of Rehabilitation done by Post Members Only.

NO CREDITS CAN BE USED WHICH ARE DERIVED FROM THE AUXILIARY OF YOUR POST

2. Gifts to Gift Shops of Veteran’s Hospitals _______________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

   Monetary value of gifts $ ______________

3. Contributions to VAVS $ ______________

4. Christmas Basket Program No. ____________ $ _________________

5. Hospital Visits, how many? ___________ Hours _________________

6. Aid to Veterans’ Family, how many? __________
   Money Spent $ ______________

7. Contributions to Post’s Auxiliary Program $ ______________

8. Mileage for hospital visits ___________ and/or hospital parties ___________
   (to include all food donations, party favors, etc., monetary value $ __________}
9. All other projects giving Aid to Veterans (ATTACH SUPPLEMENTARY REPORT GIVING HOW MANY ASSISTED.)

Rehabilitation Award
Posts 15 to 250 members
Rehabilitation Award
Posts 251 to 500
Rehabilitation Award
Posts 500 and up

Attest: Commander ________________   Adjutant:   _____________________________
        Signature    Signature

Judged and presented by: VA &Rehabilitation Commission