THE AMERICAN LEGION - DEPARTMENT OF OREGON

2021-2022 QUESTIONNAIRE

NUMBER 18 – REHABILITATION REPORT

COMPLETED FORM DUE AT DEPARTMENT BY MAY 15, 2022.

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 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.)

Attest: Commander _____ Adjutant: _____
Signature Signature

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

Judged and presented by VA &Rehabilitation Commission