

**POST JUDGE ALTER AWARD &
VETERANS AFFAIRS AND REHABILITATION
COMMITTEE REPORT**

| | | |
|--------------------|--------|-----------|
| Post Name | Post # | District# |
| Present Membership | Date | Signature |
| Address | City | Zip |

1. Does the Post have a Service Officer? Yes No
2. Number of Veterans Assisted by Post Service Officer
3. Number of Veterans referred to County Service Office
4. Number of Veterans referred to Dept Service Office
5. Does the Post have medical equipment to loan to Veterans?
Yes No
6. Does the Post have activities/programs to help homeless veterans? Yes No
7. Number of Veterans whom you have assisted finding employment
8. Number of Veterans for whom you found training opportunities
9. Does your post provide honor guards for deceased Veterans? Y N
 - a. How many members have participated in honor guards
 - b. How many hours were donated to honor guards
 - c. How many services were conducted
 - d. How much money was spent to support the honor guard
10. Does your post participate in VAVS Yes No
 - a. Number of regularly scheduled RS volunteers
 - b. Number of hours contributed by RS volunteers
 - c. Number of occasional volunteers
 - d. Number of hour contributed by occasional volunteers
 - e. Number of new VAVS volunteers within the past year

- f. Please attach a short report of the post activities within the VAVS program at local VA health care facilities, or similar projects at State Veterans Homes of local facilities.
- g. Does the Post encourage and support Youth volunteers Y N
- 11 Does the post contribute funds at local VA health care facilities Y N
- 12 Does the post contribute funds to the State Vets Homes? Y N
- 13 . How many American Legion awards for voluntary service in the VAVS program were presented this year
- | | |
|-----------|-------|
| 100 hours | 1,000 |
| 300 hours | 2,000 |
- 14 . Do you have any special rehab projects that regularly aid veterans and their dependents? Y N if so, please list
-
15. Number of Temporary Financial Assistance applications received _ Number of Family Support Network referral received
16. List the post funds expended in rehab activities
-
17. Number of government grave markers provided for deceased veterans
18. Does the Post have a publicity program to acquaint veterans to Federal and State Benefits Y N (please explain)
-
19. Has your post conducted a special program for veterans? Y N Please explain

I _____ Service Officer for Post _____,
 American Legion Department of Colorado do hereby certify that the
 information contained in this report is true and correct to the best of my
 ability

Signautre _____ Date _____

