



**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 claims originated or processed by the Post in the past year. ___
3. Number of individuals who you referred to the Department Service Office to handle their claims this past year. _____
4. Number of Veterans you assisted with admittance to a VA Hospital, or Veteran's Nursing Homes in the last year. _____
5. Number of Veterans whom you have assisted in finding employment. _____
6. Number of Veterans for whom you found training opportunities. _____
7. Does your Post have medical equipment to loan veterans or their dependents? Yes ___ No ___
8. Did your Post conduct a VA and/or State Veterans Benefits Clinic Yes ___ No ___
9. Does your Post regularly conduct honor guards for deceased veterans.
Yes ___ No ___ If so, how many of your members participate. _____
How many services did you conduct last year? _____
10. Number of visitations to ill veterans at home or hospitalized or in nursing homes. ___ If the Post is engaged in visitations to sick veterans at home, in the hospital or nursing homes. Give a short report of these activities.

11. How many Government Grave markers has been provided for deceased Veterans _____.
If the Post maintains Grave Registration, placing of Legion Markers, War Memorials, etc. give a short report. _____

12. Amount your Post expended for welfare projects for veterans or their families? \$ _____. If the Post has activity on welfare projects, entertainment for hospitals, or any similar projects, give a short report on these activities. _____

13. List Post funds extended for memorial projects, veterans recreation, grave registration and visitations to veterans \$ _____

14. Amount your Post contributed to VA Hospital Christmas funds \$ _____

15. Amount your Post contributed to Department Service Office Rehabilitation fund. \$ _____

16. What does your Post do to stimulate Auxiliary Poppy sales.

17. Does your Post have any special projects that regularly aid Veterans and their dependents. Yes ___ No ___ (If so, please explain.)

18. Does your Post have a publicity program to acquaint Veterans to Federal and State benefits. Yes ___ No ___ (If so, please explain)

19. Please add any additional comments or projects not previously covered above.

CERTIFICATION:

Post Commander or Adjutant

Post Service Officer

PLEASE COMPLETE AND RETURN FORM TO: THE AMERICAN LEGION
7465 E. 1ST AVENUE, SUITE D - DENVER, CO 80230

**THE DEADLINE IS JUNE 1
(Report period May 1 to May 1)**