

**DEPARTMENT SERVICE TROPHY QUESTIONNAIRE**  
**VETERANS AFFAIRS & REHABILITATION ACTIVITIES**  
**MAY 1, 2007 – MAY 20, 2008**

DUE AT DEPARTMENT HEADQUARTERS NO LATER THAN MAY 25

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(POST LOCATION)	(POST NO.)	(DISTRICT)	(DATE)
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**MEMBERSHIP AS OF MARCH 1, 2008** \_\_\_\_\_

1. Does your Post report Rehabilitation activities to Department Headquarters (PLEASE CIRCLE) Yes/No
  
2. Does your Post have a Post Service Officer? Yes/No
  
3. (a) Number of claims your Post Service Officer handled this year. \_\_\_\_\_  
(b) Number of veterans whom Service Officer found employment. \_\_\_\_\_  
(c) Number of veterans for whom Service Officer found training opportunities. \_\_\_\_\_  
(d) Does your post have medical equipment for loan? Yes/No  
If yes, number of times equipment was loaned. \_\_\_\_\_  
(e) Does your Post have activities/programs to help homeless veterans? Yes/No
  
4. Does your Post conduct a service clinic? Yes/No  
If yes, describe how it is conducted.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. (a) Does your Post conduct military funerals? Yes/No  
If yes, how many? \_\_\_\_\_  
(b) Number of government grave markers ordered? \_\_\_\_\_  
(c) Does your Post maintain grave registration records? Yes/No  
(d) Give a short report of Post activities as to grave registration and place of Legion markers.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Does your Post engage in visits to sick veterans at home and in hospitals? Yes/No  
If yes, give a short report of these activities.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Does your Post conduct welfare projects, entertainment for hospitals, or any similar projects? Yes/No  
If yes, give a short report of these activities.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Itemize Post funds expended for Question #7.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(OVER)**

9. Does your Post contribute to hospital Christmas program funds? Yes/No  
If yes, indicate amount. \$ \_\_\_\_\_

10. Briefly describe what your Post does to stimulate poppy sales.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Do you have any special rehabilitation project(s) or Job Fair(s) that regularly aid(s) veterans?  
and their dependents? Yes/No  
If yes, briefly describe.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Do you have a regular rehabilitation publicity program to acquaint veterans as to federal and  
state benefits? Yes/No

13. To date, the number of regularly scheduled (RS) volunteers and RS hours contributed to the  
VA Voluntary Service (VAVS) programs within your Post.  
# RS Volunteers \_\_\_\_\_  
# RS Hours \_\_\_\_\_

14. To date, the number of occasional volunteers and occasional hours contributed to VAVS  
Programs within your Post.  
# Occasional Volunteers \_\_\_\_\_  
# Occasional Hours \_\_\_\_\_

15. Number of **new** VAVS volunteers and assignments within the past year \_\_\_\_\_

16. Number of Temporary Financial Assistance (TFA) applications received \_\_\_\_\_

17. Number of Family Support Network referrals received \_\_\_\_\_

18. Any additional comments. (Describe on this sheet or separate sheets) in some detail, specific  
VA&R activities promoted by your Post. REMEMBER: this Section of the Narrative Report is  
Important to your Department VA&R Committee in determining various Department VA&R  
Awards.

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\_\_\_\_\_

\_\_\_\_\_  
POST COMMANDER

\_\_\_\_\_  
POST ADJUTANT

\_\_\_\_\_  
DATE