

VFW SERVICE OFFICE
 345 Perry Hill Road
 Room 123
 Montgomery, Al 36109

Phone: 334-213-3440
 FAX: 334-213-3689

DEPARTMENT OF Alabama
MONTHLY POST SERVICE OFFICER'S REPORT
FOR THE MONTH OF:

I. Forms prepared I completed for a veteran or for his/her family member and submitted to the Department Service Officer for processing.
 Name of the Form I Title

	Number Submitted
1. Application for Disability Compensation NSC Pension, VA FORM 21-526	_____
2. Application for Burial Benefits, VA FORM 21-530	_____
3. Statement to Support Claim, VA FORM 21-4138	_____
4. Application for Headstone or Grave Marker, VA FORM 40-1330	_____
5. Request for Military Records, Standard FORM 180	_____

II. Volunteer Work The Post Service Officer Performed

<u>Type of Visit</u>	<u>No. of Visits Made</u>	<u>Hours spent per Visit</u>	<u>Mileage (Round Trip)</u>	<u>No. of People Counseled</u>	<u>Total Cost (Add Hrs to Mileage)</u>
Home	_____	_____	_____	_____	_____
VA Hospital	_____	_____	_____	_____	_____
Nursing Home	_____	_____	_____	_____	_____
All Other	_____	_____	_____	_____	_____

Note: Note the current hourly rate for Volunteer Work is \$18.77 per hour and the mileage rate is \$.14 per mile.

III. Post Owned Medical Equipment Currently Out On Loan

- | | | |
|--------------------------|----------------------|----------------------------------|
| 1. Wheelchairs: _____ | 2. Crutches: _____ | 3. Hospital Beds: _____ |
| 4. Potty Chairs: _____ | 5. Canes: _____ | 6. Walkers: _____ |
| 7. Bathtub Chairs: _____ | 8. Mattresses: _____ | 9. Adjustable Tables: _____ |
| | | 10. Electric wheel chairs: _____ |

VI. GENERAL

NUMBER OF INTERVIEWS WITH CLAIMANTS _____

NUMBER OF LETTERS WRITTEN _____

NUMBER OF TELEPHONE CALLS (RECEIVED OR MADE) _____

NUMBER OF VETERANS HELPED TO FIND EMPLOYMENT _____

DOES YOUR POST PERFORM MILITARY FUNERNAH HONORS? _____

NUMBER OF FUNERALS PERFORMED DURING THIS REPORT _____

DOES YOUR POST HAVE A RELIEF FUND FOR VETERANS/FAMILIES? _____

IF YES HOW MUCH WAS USED _____

DOES YOUR POST HAVE A PROGRAM THAT HELP THE HOMELESS? _____

IF YES HOW MANY WERE HELP USING THIS PROGRAM THIS PERIOD? _____

DO YOU HAVE A CURRENT POST SERVICE OFFICER POCKET GUIDE? _____

LAST TIME THAT SERVICE OFFICER ATTENDED TRAINING? _____

HOW LONG HAVE YU SERVED YOUR POST AS SERVICE OFFICER? _____

VI. Remarks (if necessary):

1. DETAILS OF OUTSTANDING ASSISTANCE PROVIDED TO VETERANS AND THEIR FAMILIES:

2. RECOMMENDATIONS OR SUGGESTIONS TO IMPROVE OVERALL VFW SERVICE TO VETERANS:

Report Submitted By: _____

POST NO. _____ DISTRICT NO. _____

Date Submitted: _____

The Service officers' reporting period for each month will begin on the 1st of the month and run to the end of the month. All reports must be into the Service Office by the 15th day of the next month. For example for May's Report it ends on May 31st, and is due June 15th. **PLEASE NOTE:*** It is required to submit no less than ONE PER QUARTER during the year, however, it is recommended that one be submitted each month even if there is nothing to report.**