

**Sons of The American Legion
Detachment of Florida**



**Veterans Affairs &
Rehabilitation Report**

This form will do your calculations for you if you use a computer to complete it

District _____ Current Membership _____ Previous Year _____
Squadron _____ Current Membership _____ Previous Year _____

Squadron # _____ Address _____

Is there a VAVS representative for your local VA Hospital? YES NO
If YES, how many? _____

Section I - Hours

A) State VA Veteran Homes Number of Hours _____
B) VA Medical Centers Number of Hours _____
Total Hours (A+B) _____

Section II – Field Service & Home Service

A) Field Service Number of Hours _____
B) Home Service Number of Hours _____
Total Hours (A+B) _____

Section III – Visits to VA Homes / Medical Centers

A) VA Veterans Homes Number of Visits _____
B) VA Medical Centers Number of Visits _____
Total Visits (A+B) _____

Section IV – Types of Donations

A) Cash Dollar Amount _____
B) Items Estimated Dollar Amount _____
Total Amount (A+B) _____

Section V – Description

Give a brief description of activities and locations (i.e. VA hospitals, veterans homes).
Attach additional sheets, if necessary.

Section VI – District / Detachment Donations

Add additional money if this is a District/Detachment report. TOTAL _____

Certified By _____ Title _____ Date _____

DEADLINE: 30 Days before the Detachment Convention

VAR (11/2019)