



HOW TO FILL OUT THE VETERANS REHABILITATION REPORT

- ACTIVITY:** Mark the appropriate level pertaining to you. Indicate membership at time of report as compared to last year's. Squadrons must include their name and address.
- SECTION I** Record the number of hours spent either at a VA Home or Medical Center and tally where indicated.
- SECTION II** **Field Services:** Time spent providing services for Veterans not in a VA facility.
(Example: house maintenance, shopping, transportation)
- Home Services:** Any service performed at your own home or residence.
(Example: baking, cooking, making care packages)
- SECTION III** Record number of visits and tally where indicated. Each member counts as a visit at each event.
- SECTION IV** Record any monetary donations given to a VA facility or programs on line "A".
If any gifts are given (i.e. TV's, pool tables, clothing) estimate current dollar value and enter on line "B".
- SECTION V** Explain what kind of activity took place and what members did and how.
- SECTION VI** Enter any dollars expended by District or Detachment and total amounts
Note: All volunteer hours from all District projects should be added to their respective Squadron reports
- NOTE**
- A. This report must be signed to be accepted by either the Squadron Commander/Adjutant/Advisor.
 - B. This form is to be used only for Veterans Rehabilitation. DO NOT use this form for Special Olympics, Muscular Dystrophy, Child Welfare, etc.
 - C. Mail a copy to your District and/or Area Commander.
- DEADLINE:** **June 1, 2023**



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 _____

Mail To: Detachment Adjutant Christian Rapp 215 Greenwood Avenue Lehigh Acres, FL 33936
Email: adjutant@floridasons.org

DEADLINE: June 1, 2023