

# 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, 2024

*This and all other reporting forms are available online as fillable PDFs at <https://floridasons.org/detachment-report-forms/>*

Mail To: **Christian Rapp, Detachment Adjutant**  
**215 Greenwood Ave | Lehigh Acres, FL 33936**  
Alternately, you may email the form to [adjutant@floridasons.org](mailto:adjutant@floridasons.org)



District Current Membership \_\_\_\_\_  
 Squadron Current Membership \_\_\_\_\_

Previous Year \_\_\_\_\_  
Previous Year \_\_\_\_\_

Squadron # \_\_\_\_\_ Address \_\_\_\_\_

**IS THERE A VAVS REPRESENTATIVE FOR YOUR LOCAL V.A. HOSPITAL?** YES  NO

**IF YES, HOW MANY?** \_\_\_\_\_

**Section I--Hours**

A) State VA Veterans Home 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/Med Centers**

A) VA Veterans Homes Number of Visits \_\_\_\_\_  
B) VA Medical Centers Number of Visits \_\_\_\_\_  
Total Hours (A + B) \_\_\_\_\_

**Section IV--Types of Donations**

A) Cash  Dollar Amount \_\_\_\_\_  
B) Items  Est. 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 donations if this is a District or Detachment Report TOTAL \_\_\_\_\_

Certified by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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