# The American Legion- Department of Minnesota

2020-2021 Post Service Officer Report

Please report on your Post activities from **April 1st, 2020- March 31st, 2021**.

**Please print LEGIBLY.**

**Once completed please return to your District Rehabilitation Chairman by May 22nd, 2021.**

|  |  |  |  |
| --- | --- | --- | --- |
| Post Name/ City |  | Post Commander  |  |
| Post # |  | District # |  |

|  |  |  |
| --- | --- | --- |
| 1- Does your Post have a Post Service Officer (PSO)?  | Yes | No |
| 2- Number of veterans assisted by your Post Service Officer. | # |
| 3- Does your Post have medical equipment to loan veterans & dependents? | Yes | No |
| 4- Does your Post have activities or programs that help homeless veterans? | Yes | No |
| 5- Number of veterans your Post has assisted in finding employment.  | # |
| 6- Number of veterans your Post has assisted in finding training opportunities. | # |
| 7- Does your Post provide military funeral honors? | Yes | No |
| 8- To date, the number of regularly scheduled (RS) volunteers and RS hours to VA Voluntary Service (VAVS) programs within your Post.  |
|  | # RS Volunteers  |
| # RS Hours  |
| 9- To date, the number of occasional volunteers and occasional hours contributed to VA Voluntary Service (VAVS) programs within your Post.  |
|  | # Occasional Volunteers  |
| # Occasional Hours |
| 10- Number of new VAVS volunteers & assignments within the last year. | # |
| 11- How many American Legion awards for voluntary service in the VAVS program were presented this year?  | # of awards for each |
| 100 hours  |
| 300 hours |
| 1,000 hours |
| 2,000 + hours |
| 12- Does your Post contribute to local VA Medical Center?   VA Medical Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount contributed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes | No |
| 13- What does your Post do to encourage and support Youth volunteers?  | Please give examples: |
| 14- Does your Post have any special rehabilitation projects that regularly aid veterans and their dependents?  | Please give examples:  |
| 15- Did your Post make any referrals to Department Headquarters or Department Service Officer for assistance to the Department for **Temporary Financial Assistance (TFA)**?   How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes | No |
| 16- Did your Post make any referrals to Department Headquarters or Department Service Officer for assistance for **Family Support Network**?  How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Yes | No |
| 17- Please list Post funds expended in rehabilitation related activities:  | List:  |
| 18- Is your Post a member of your community’s ‘Beyond the Yellow Ribbon’ program? | Yes | No |
| 19- Who is your Count Veteran Service Officer (CVSO)?  | Name & County:  |
| 20- Who is the Post Service Officer at your Post?  | Name |

Additional Comments:

**Person Completing Form:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Phone #  |  |
| Title |  | Email:  |  |