

Mail to Department Chairman:

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VETERANS AND FAMILY SUPPORT

REPORT FORM 2023-2024

Online reporting at vfwauxiliaryil.org

Auxiliary # _____	District # _____	Date _____
Chairman Name _____		
Email _____		Phone _____

1. Did your Auxiliary utilize any of the Veterans and Family Support materials/resources Available in MALTA Member Resources? Yes No

2a. Did your Auxiliary promote, participate, host or co-host with your Post activities for any of the VFW Programs listed below? (Please place an "X" in all applicable boxes)

DISASTER RELIEF	VMS MILITARY ASSISTANCE (MAP) Unmet Needs Sport Clips – Help a Hero	VETERANS SERVICE OFFICER (VSO)	VETERANS & MILITARY SUICIDE PREVENTION AND MENTAL HEALTH AWARENESS
<input type="checkbox"/> Promoted	<input type="checkbox"/> Promoted	<input type="checkbox"/> Promoted	<input type="checkbox"/> Promoted
<input type="checkbox"/> Participated	<input type="checkbox"/> Participated	<input type="checkbox"/> Participated	<input type="checkbox"/> Participated
<input type="checkbox"/> Hosted	<input type="checkbox"/> Hosted	<input type="checkbox"/> Hosted	<input type="checkbox"/> Hosted
<input type="checkbox"/> Co-hosted with Post	<input type="checkbox"/> Co-hosted with Post	<input type="checkbox"/> Co-hosted with Post	<input type="checkbox"/> Co-hosted with Post
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

2b. Briefly describe the activities or events your Auxiliary promoted, participated in, hosted or co-hosted with your Post in support of any of the above VFW Programs: (Please use an additional sheet of paper, if necessary.)

3. Did your Auxiliary provide direct aid to Veterans, service members and/or their families? (Examples: meals, transportation, cards, packages, donations, etc.) Yes No

4. Approximate number of Veterans, service members and/or their families assisted: # _____

5. Total monetary donations and/or value of donations and goods/services provided to service members, and/or their families:

6. Did your Auxiliary promote Veteran and military suicide prevention and mental health awareness? Yes No

7. Did your Auxiliary host a blood drive **jointly** with your Post? Yes No

a. Total number of members participating: # _____

b. Total hours worked by members: # _____

c. Total miles driven by participating members: # _____

d. Number of pints of blood collected: # _____

Statistical Data: (This section pertains only to the projects for **THIS** report and must be completed on **EVERY** report form.)

Total Number Projects _____	Total Members Participating _____	Total Hours _____	Number of Miles _____	Total Dollars Spent _____
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Please provide any additional information/details to the Department Chairman on another sheet of paper.