2016-2017
HAMLEY- BARRIOS MEMORIAL AWARD
Louisiana Department of The American Legion

To be awarded annually to the Post rendering the most valuable Veterans Affairs and Rehabilitation service during the year. The award is an engraved plaque and will be presented each year at the Annual Department Convention.

Post Service Officers should completely fill in this form as a record of activities and accomplishments of his Post in order that the committee selection can be truly representative.

All the activities of the Post should be submitted on this VA & R form and certified by the Post Commander and Post Adjutant.

Send this form as your application to: <u>THE AMERICAN LEGION, PO BOX 3749, BATON ROUGE, LA 70821</u> *no later than May 30, 2017.*

HAMLEY - BARRIOS
VETERANS AFFAIRS & REHABILITATION REPORT

Post Name and Number   **Number of Members**

_____   _____

1. Does your Post have an active service officer?   Yes_____ No_____

2. Does your Post conduct any service clinic?   Yes_____ No_____

3. Does your Post conduct any military funerals? Yes_____ No_____

4. Does your Post conduct memorial services
    for deceased members?   Yes_____ No_____

5. Does you Post place Flags at graves of veterans
    on Memorial Day?   Yes_____ No_____

6. Does your Post have grave registration records
    identifying the location of veterans graves?   Yes_____ No_____

7. If your Post is engaged in visitation of sick veterans at home and in hospitals, give a short report of these activities.

8. If you Post has any activity on welfare projects, entertainment for hospitals (bingo, etc.) or any similar projects give a short report.

9. List Post funds expended in Item #8 $_____

10. Does your Post contribute to hospital or nursing home Christmas funds?
                                         Yes_____ No_____
                                         $_____
11. Does your Post contribute to VA Hospital Canteen Fund?
                                         Yes_____ No_____
                                         $_____

12. Does your Post have a Poppy drive?   Yes_____ No_____
                                         $_____

13. Does your Post have any special rehabilitation projects that regularly aid veterans and their dependents?
    (For example: wheelchair program, etc.)
                                         Yes_____ No_____
                                         $_____

14. Additional comments (may use additional sheets if necessary.)

_____   _____   _____
Post Commander or Adjutant   **Post #**   **Date**