### VETERANS OF FOREIGN WARS OF THE UNITED STATES

VFW SERVICE OFFICE

Fallon Federal Building

31 Hopkins Plaza, Room 1226

Baltimore, MD 21201-2804

Phone: 410-230-4480

FAX: 410-230-4481

## DEPARTMENT OF MARYLAND

# **MONTHLY POST SERVICE OFFICER'S REPORT**

## FOR THE MONTH OF: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **I.** **Forms prepared** I completed for a veteran or for his/her dependent and submitted to the Department Service Officer for processing Name of the Form I Title Number Submitted

 1. Application for Disability Compensation NSC Pension, VA FORM 21-526 \_\_\_\_\_\_\_\_\_

 2. Application for Burial Benefits, VA FORM 21-530 \_\_\_\_\_\_\_\_\_

 3. Statement to Support Claim, VA FORM 21-4138 \_\_\_\_\_\_\_\_\_

 4. Application for Headstone or Grave Marker, VA FORM 40-1330 \_\_\_\_\_\_\_\_\_

 5. Request for Military Records, Standard FORM 180 \_\_\_\_\_\_\_\_\_

**II. Volunteer Work The Post Service Officer Performed**

 Type of No. of Visits Hours spent Mileage No. of People Total Cost (Add

 Visit Made per Visit (Round Trip) Counseled Hrs to Mileage)

Home \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

VA Hospital \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Nursing Home \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

All Others \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

***Note***: Note the current hourly rate for Volunteer Work is $18.04 per hour

and the mileage rate is $.14 per mile.

 **III. Post Owned Medical Equipment Currently Out On Loan**

Wheelchairs: \_\_\_\_\_\_ Crutches: \_\_\_\_\_\_ Hospital Beds: \_\_\_\_\_\_\_

 Potty Chairs: \_\_\_\_\_\_ Canes: \_\_\_\_\_\_ Walkers: \_\_\_\_\_\_\_

 Bathtub Chairs \_\_\_\_\_\_ Mattresses: \_\_\_\_\_\_ Adjustable Tables: \_\_\_\_\_\_\_

 **VI. Remarks (if necessary):**

Report Submitted By: Post #: \_\_\_\_\_\_\_\_\_ District #: \_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_

**THE SERVICE OFFICERS’ REPORTING PERIOD FOR EACH MONTH WILL BEGIN**

**THE 15TH OF THE PREVIOUS MONTH AND RUN TO THE 15TH OF THE CREDIT MONTH.**