

The American Legion Auxiliary Department of Michigan

2025 – 2026 Annual Veteran Affairs & Rehabilitation (VA&R) Reporting Form for Districts

District # _____ **# of Units in District** _____ **# of Units Reporting** _____

Submitter Name _____

Address _____

City/State/Zip _____

Phone # (_____) _____ **email** _____

Please attach a narrative highlighting the special activities of your Units, if you need more room than provided. Include in your report the hours of donated time, and/or the money raised, as well as the in-kind donation values reported by the Units. When supporting an external organization, please explain who they are and how they support our mission or community. This report compiles all Unit reports received and any additional activities completed at the District level. ***Please include photos of your activities along with your narratives.***

Please indicate whether you have a member applying for, or a Unit applying for, any Department or National awards. Don't forget submissions for District Awards as well. Fill out a "Green" Award Sheet for each submission. Include the official name of the award, not just the Best Unit Report, etc. Please send your District report to the Department Chairman for the program you are reporting to and to the District President no later than April 15. Your District President should provide you with that contact info before the Annual Reporting time.

Veteran Affairs & Rehabilitation (VA & R):

- 1) How many members volunteered at a VA Healthcare facility, including state-run Veteran Homes (Chesterfield, Grand Rapids, and Jacobetti)? _____ How many hours volunteered? _____ What was the Monetary Value of other donations to the VA Healthcare Facility (not counting Gift Shop)? \$_____
- 2) How many members volunteered to serve veterans outside a VA facility (Nursing Homes, Rehabilitation Center, Veteran's own home)? _____ (Service To Veterans)? How many hours of time volunteered? _____ What was the Monetary Value of other Donations (not counting Gift Shop) \$_____.
- 3) Have your members supported veterans and their families in the community by collaborating with external like-minded organizations (Honor Flight, Quilts of Valor, Wounded Warriors)?
Yes No Describe details in your narrative with Hours and Monetary Value.

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4) Do your Units keep track of their members' volunteer hours & submit them for recognition?
Yes No

5) How did your Units support veteran caregivers, family members, and survivors? Include in your Narrative.

6) How did your Units honor veterans over the past year?

7) How did your Units support the rehabilitation & healing of veterans through arts, crafts, & hobbies? Please describe.

Did Units support the National Veterans Creative Arts Festival? Yes No

Monetary Donation to National \$ _____ to Department \$ _____

8) Did your Units help promote job fairs for veterans & their families? Yes No Briefly describe and include hours and monetary value.

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9) Did your Units assist veterans in transitioning back into civilian life? Yes No Briefly describe and include hours and monetary value.

10) Did your Units assist & support caregivers of veterans? Yes No Briefly describe and include hours and monetary value.

11) Did your Unit support any Active Duty & Reservists? Yes No How? Briefly describe and include hours and monetary value.

12) Did your Units assist any Military Families? Yes No How? Briefly describe and include hours and monetary value.

13) Did your Units assist any Homeless Veterans? Yes No How? Briefly describe and include hours and monetary value.

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- 14) How many of your Units participate in an Annual Christmas Gift Shop? _____ Hours of donated time, including shopping/prepping for and during Gift Shop? _____ Value of donations? \$ _____
- 15) Donations, by Units and individuals, to the National Veterans Project Fund \$ _____
- 16) How many Units supported The American Legion "Be the One" Mission? _____ Briefly describe and include hours and monetary value.