2019-2020
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: THE AMERICAN LEGION, PO BOX 3749, BATON ROUGE, LA 70821 no later than May 30, 2020
HAMLEY - BARRIOS
VETERANS AFFAIRS & REHABILITATION REPORT

<table>
<thead>
<tr>
<th>Post Name and Number</th>
<th>Number of Members</th>
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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 your 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