

2020-2021

**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, 2021**

HAMLEY - BARRIOS VETERANS AFFAIRS & REHABILITATION REPORT

Post Name and Number

Number of Members

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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 your 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.)
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Post Commander or Adjutant

Post #

Date