

**DR. LOUIS S. DEWEY
REHABILITATION AWARD**

The report for this award must be made on this form and submitted to Dept. HQ, **POSTMARKED NOT LATER THAN JUNE 1st.**

Post Name: _____

Post #: _____

Location: _____

1. BLOOD DONATIONS:

- a. Number of blood donations during year:

_____ pints

10 points per pint donated

Take credit if report and certification have been made to Dept. HQ'S for current year.

- b. Number of Post members typed and available for blood Donations: _____ 5 points per person

If credit is taken, where is list maintained?

- c. Blood bank or Walking blood Bank established with Assistance of other community organization(s) for the whole Community _____
10 points per pint donated List names and Address of other community organizations participating in such Bank:

2. GIFTS TO HOSPITALIZED VETERANS:

- a. Number of packages mailed or sent to hospital _____

Name of Hospital: _____

- b. Estimated value of packages sent to Hospital \$ _____

- c. Donated to Hospital Christmas Gift Fund:

Amount \$ _____ Cash [] Check [] Other []

Credit 25 points for making gifts or donations available

3 POST SERVICE OFFICERS ACTIVELY FUNCTION, COMPLETE CLAIMS SERVICE IN COOPERATION WITH DEPARTMENT SERVICE DIVISION

- a. Full time 100 points

b. Half-time 50 points

- c. Part-time 25 points

4. HOSPITAL SERVICE COOPERATION

a. Visits made to hospitalized veterans by Post members _____

b. Visits made to veterans' families (While veteran was hospitalized) by Post members _____

Credit 5 points for each visit in "a" or "b" _____

5. OTHER REHABILITATION ACTIVITIES, such as building homes for veterans, furnishing clothing for veterans' families, assisting veterans financially (from Post funds - not S&S Fund), or otherwise. Any other outstanding rehabilitation service. Give complete statement of such activity. _____

6. FUNERAL CEREMONIES ACTUALLY CONDUCTED BY POST for members or other veterans. Credit 10 points for each _____

7. GRAVE REGISTRATION RECORDS MAINTAINED? Yes [] No []
Where? _____ Credit 10 points if maintained

8. GRAVE OR HEADSTONE MARKERS PROCURED THROUGH THE POST?
Yes [] No [] How many? _____ Credit 10 points for each

CERTIFICATION SIGNATURES:

Post Rehabilitation Committee Chairman

Post Commander

Date: