Veterans & Family Support 2020-2021 Report Form

Chairi	man's Name:		Phor	ne#:		
Chairman's Email:			Post #:			
District #: Division #:			Date of Report:		_	
Octob	er thru March	ru September is d is due April 1, 202 time to be eligible	1. A mini	mum of 2 repo	I 2 nd report for ort must be receive	ed
2.	 Did your auxiliary promote awareness of food insecurity among Military service personnel and their family? Yes No Did your auxiliary hosts or participate in an activity that supports veterans and military caregivers? Yes No Did your auxiliary participate or support the VFW Veterans and Military Support Programs such as (Unmet Needs, Sport Clips helps a Hero Scholarship, Map or Operation Uplink? Yes No If yes which programs? 					
4.	Did your auxili	ary promote VFW	's Nation	al Veterans Se	rvice (NVS)?	_
	 5. Did your auxiliary participate in and/or sponsor events or projects for the homeless Veterans? Yes No 6. Does your auxiliary promote the Veterans & Military Suicide Awareness Prevention programs (such as Blue Teardrop Stickers or Veterans Crisis 					
Ch	Line)? Yesease submit cor	_ No mpleted Report to . 55035 Berry Ave,	Chairma South Be	n Department end, In 46628 (of Indiana or Email to	
<u>SC</u>	<u>uncılady@aol.c</u>	om any questions	s my pnoi	ne # is 5/4-220	J-U655	