



# CATHOLIC WAR VETERANS OF THE UNITED STATES OF AMERICA, INC.

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**The Department of Ohio**  
 35 East Chestnut Street, Suite 510  
 Columbus, Ohio 43215-2541

<b>WELF</b>		<b>Welfare Officer Program - Report Form</b>			
<b>Reporting Period:</b> <i>(check one)</i>		<b>April 1 - September 30</b> <i>(report due October 1)</i>		<b>October 1 – March 30</b> <i>(report due April 1)</i>	
<b>Report From:</b>		<b>Post Name &amp; Number</b>			
<b>Welfare Officer's Name:</b>					
<b>WELF's Phone &amp; Email</b>		<b>Ph:</b>		<b>E:</b>	
Type of Activity	# of CWV Participants	# of People Assisted	Hours spent	\$ Amt spent	
1. VAVS – Medical Center					
2. VAVS – Local Clinics					
3. VA – patients & residents					
a. Ward parties / bingo					
b. Visits in facility					
4. Care packages sent					
5. Vet fairs, stand-downs, etc					
6. Service Officer Referrals					
7. Parish Veterans Ministry					
8. Deceased Veteran Masses					
9. Honor Guard					
10. Decorate Graves					
11. Distribute Poppies					
12. Needy family support					
<b>Other Welfare Activities:</b>					
<b>USE BACK OF PAGE FOR ADDITIONAL ACTIVITIES – if necessary</b>					
<b>Form Disposition</b> <i>(Return by deadlines above)</i>		Send 1 copy to Department Welfare Officer _____		Send 1 copy to the Department Office – Mailing & email address above	

