

CATHOLIC WAR VETERANS

OF THE UNITED STATES OF AMERICA, INC.

PHONE: (614) 221-7601 www.cwvohio.org ohiocwv@sbcglobal.net

The Department of Ohio

35 East Chestnut Street, Suite 510 Columbus, Ohio 43215-2541

WELF Welfare Officer Prog					m - R	eport F	orm
Reporting Period: (check one)		April 1 - September 30 (report due October 1)			October 1 – March 30 (report due April 1)		
Report From:		Post Name & Number					
7	Welfare Officer's Name:			<u>, </u>			
1	WELF's Phone & Email	Ph:			E:		
Type of Activity				# of People Assisted	Hou	Hours spent \$ Amt spe	
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						
	Other Welfare Activities:						
USE BACK OF PAGE FOR ADDITIONAL ACTIVITIES – if necessary							
	Form Disposition Leturn by deadlines above)	Send 1 copy to Department Welfare Officer			Send 1 copy to the Department Office – Mailing & email address above		

DEPT OF OHIO OFFICER PROGRAM REPORTING – Additional Activities Log For Which Officer Program: (1VC, 2VC, etc.) Post Name & No. For time period _____ Attach pictures and / or written descriptions to show a fuller picture of how your Program is administered **Category Number** # CWV Amount # People Hours **Activity Description** (from Report Form) participants assisted **Spent Spent**