



VFW Auxiliary Department of Kansas Hospital Program Report Form – Purpose

The purpose of the Hospital Report Form is to provide documentation of Hospital projects, approved at the Auxiliary level, performed for, and/or, in medical facilities that affect our veterans and their families.

Tracking the use of Auxiliary monies; and Auxiliary members' time, monies and donations of materials/goods:

- Simplifies Auxiliary reporting, reduces double reporting of monies and hours
- Allows a method for determination of awards for Members, Auxiliaries and Districts
- Justifies Auxiliaries' continued tax-exempt status
- Highlights possible red flags of an Auxiliary in need of assistance/mentoring
- Allows for a compilation of hours and monies for use by Department and National organizations to:
 - Further the mission of the organization
 - Influence Congress in support of veterans legislation
 - Complete grant requests to Kansas Commission on Veteran Affairs (KCVA) for funding VFW Service officers

Hospital Program Report Form – Procedures

2024 Bylaws - Sec. 810A –Auxiliary President, pages 71-72, bullets H and I:

- **Shall see that all reports are correctly made out and promptly forwarded.**
- **All the business of the Auxiliary is transacted in a proper and efficient manner.**

The reporting year is April 1 through March 31 of the following year. Your Auxiliary is encouraged to report after the COMPLETION of EACH HOSPITAL PROJECT. **ALL HOSPITAL REPORTS MUST BE SUBMITTED BY MARCH 31, 2025.**

As projects, approved in an Auxiliary business meeting, are COMPLETED, the Auxiliary Chairman will complete a report form utilizing one of three methods:

- 1. Hand-written report** - found on the Kansas website / Dept Program book
 - a. Complete form by neatly and legibly writing in relevant project information.
 - b. Send one (1) report to the Department Chairman, one (1) report to the District Chairman and keep one (1) copy for your Auxiliary files. Report can be sent via snail mail **or** scanned and emailed to the email address indicated on the report form. **Include: "Auxiliary # Hospital report " on email subject line.**
- 2. Fillable PDF report** - found on the Kansas website.
 - a. Complete form online by typing in relevant project information.
 - b. Once form is completed, either print report form and send via email or snail mail as indicated in 1.b. above
OR
Save the file on your computer and email as indicated in 1.b. above.
- 3. Online Reporting** - found on the Kansas website.
 - a. Complete form online by typing in relevant project information.
 - b. Print /save a copy of the completed report.
Report DOES NOT automatically get sent to DISTRICT Chairman, you will need your printed / saved version of the completed report to send to your District Chairman and a copy for your Auxiliary files.
 - c. Use SUBMIT button to send report directly to the **Department** Chairman.
 - d. Department Chairman will either approve your report. No further action needed. **OR**
Reject your report. Auxiliary to follow-up with corrections/clarifications as requested by Department Chairman.

NOTE: Reports indicating monetary donations to Department Hospital General Fund/Other Facility will NOT be approved UNTIL monies are verified as received by Department Treasurer.

PLEASE, **DO NOT** send photos of completed reports or provide your reporting information to your Post.

Kansas VFW Auxiliary Hospital Program

National website & Ambassador blogs
Department website & Facebook posts
Department Chairman emails/snail mails
VFW Auxiliary Hospital Program Guide
VFW Auxiliary VAVS Participation Guide
VFWA Nomination Outstanding Hospital Volunteer
VFWA Nomination Outstanding Hospital Recruiter
Volunteer Service in Medical Facilities
Volunteer Recruitment and Recognition
Sponsorship of Hospital Youth Volunteers
Sponsorship of non-member Hospital volunteers
Hospital Pledge/General Fund
Women Veteran (CWA) and Veterans (VHA) Health Care
Honors Escort (in facility ceremony for deceased veteran)
No Veteran Dies Alone
Valentines for Veterans
National Salute to Hospitalized Veterans
Observances & Holidays
OPERATION: We Got Your Back(side) 2.0
Veterans Voices Writing Project
Hospital Sewing/Crafting/Baking
James H Parke Scholarship
Dept. Veteran Affairs Research and Development
District & Department Hospital Fundraising events
Media promotions
-i.e. hospital events, volunteer recruitment, etc.

Volunteering for OR Donations to:

Veterans Administration (VA) Hospitals
State and/or County Soldiers & Veterans Homes
Community Based Outpatient Clinics (CBOC)
Local and Community Hospitals
Long-term Care Hospitals & Hospice
Urgent Care Facilities
Ambulatory Surgical Centers (ASC)
Nursing Homes; Assisted/Senior Living Centers
Continuing Care Retirement Communities (CCRCs)
Clinics - Dental, Orthodontic, Optometry, Mobile, etc.
Medical Offices and Laboratories
Rural Health Centers
Mental Health Centers
Addiction Treatment Centers
Birth & Reproductive Centers
Sperm and Egg Cell Banks
Orthopedic or Other Rehabilitation Centers
Dialysis or Other Chronic Health Care Facilities
Diabetes or Other Chronic Health Education Centers
Imaging and Radiology Centers
Clinical Research Center (CRC)
Blood Banks/Drives (blood donation=time donating only)
Pharmacies and Drug Stores
Homeless Healthcare facilities
Ronald McDonald House

Information about projects included on the Hospital Report form should **ONLY** pertain to the Hospital program. If your Auxiliary voted & approved, a specific project be reported for Hospital and another program, for example Americanism, then the hours and monies **MUST BE** split proportionately between the two programs.

P L E A S E report only COMPLETED PROJECTS. Voting to do a project does not constitute a completed project.

Filling out the Report Form:

District Number: Enter your Auxiliary District number.

Auxiliary Number: Enter the number of your Auxiliary.

Aux. City: Name of the city in which your Auxiliary is located.

Submitted by: Name of person completing and sending the form.

Phone/Email: Contact information for person completing report.

Numbered questions: Answer the numbered questions on the form accurately and honestly. A brief description of what is checked off in this section is a **BIG plus** for the Dept Chairman.

Total Hours Worked: Count all hours that went into PLANNING, PARTICIPATING and COMPLETING the project. Enter total number of hours for ALL projects included on the report.

NOTE: Hours are counted in man hours, not clock hours.

Ex: 3 members spent 3 hours on a project, $3 \times 3 = 9$ total hours.

✚ Only the Aux. Hospital Chairman's time may be reported for program presentation during a meeting. Members listening time of the presentation **does not** count.

✚ Travel time to/from District, Department, National meetings cannot be counted for ANY program.

Total Auxiliary Dollars Spent: Amount of actual **Auxiliary monies** spent on each project reported.

Total Value of Goods/Services Donated: Value of items, services or monies, for each project, donated **by Auxiliary members only.**

Do NOT calculate, or include, the value of mileage.

Do NOT calculate, or include, the value of hours volunteered.

Do NOT include the value of items/services donated by businesses.

Do NOT include hours/monies for Post or *non-Auxiliary members.

*except for numbered question on report form in regard to:

Auxiliary Sponsored / Student Hospital Volunteers.

Describe Project field: Describe project you are reporting. What you did, what it cost. Why you did it. Who participated /benefitted. Where it was done. How you went about doing it, members & hours for each project.

Do NOT SEND A REPORT with
NO PROJECT ACTIVITY listed.

This overview is for your convenience and reference. This is NOT an exhaustive list of projects or medical facilities.

Refer to the National website (vfwauxiliary.org) resources & National program Ambassador blogs and the Department of KS website (www.vfwauxks.org), monthly issues of the Sunflower Express for current projects and promotions.