

# KANSAS VFW AUXILIARY HOSPITAL PROGRAM

## HAPPINESS FROM HOME

Members of the VFW Auxiliary provide a vital source of care and comfort for veterans through their efforts by participating in the Hospital's HAPPINESS FROM HOME program. Auxiliaries should contact the facility where they plan to send items to ensure they are needed, and especially with food items, that they will be accepted. Completed items are to be sent directly to the facility and/or the VAVS representatives who requested / will use them.

Patterns for some items can be found of the Department website.

Number of Items	Sewing Project	Hours allowed	Value allowed	Hours reported	Value reported
	Lap Robe (40x60) sewn/Tied (using 3 oz filler)	15	\$ 75.00		
	No Sew Double Layer 48 inches	20	\$ 60.00		
	No Sew Single Layer 48 inches	2	\$ 30.00		
	Weighted Blanket	10	\$ 50.00		
	Quilt Twin Size (72"x96") (using 3 oz filler)	25	\$ 85.00		
	Sewn/Tied (no filler)	20	\$ 75.00		
	Long Arm (machine) Quilted	50	\$150.00		
	Laundry bags – (25"x36") with drawstring	3	\$ 6.00		
	Tote Bag - (10"x12") with drawstring	2	\$ 5.00		
	Wheelchair Bag or Walker Caddy	2	\$ 6.00		
	Neck /Heart Pillow or Shower Wrap/Cover	3	\$ 15.00		
	Shirt protector (bibs) (18"x40") Terry Cloth	2	\$ 10.00		
	Urine Bag Cover	2	\$ 6.00		
	Heat/Chill Packs (rice, beans, flaxseed, etc.) no liquid	1	\$ 5.00		
	Other: please describe				
	<b>Crafting Project(s)</b> - please describe				
<b>Number of Items</b>	<b>*Baking/Cooking Project(s)</b> - please describe	<b>*IMPORTANT:</b> Please ask the facility if food items that are made in a non-licensed kitchen will be accepted in their facility.			
	Cake or pie, each	2	\$8.00		
	Cupcakes or tarts, dozen	2	\$8.00		
	Cookies, dozen	2	\$6.00		
	Candy, per lb.	3	\$7.00		
	Other: please describe/ use back of form if needed				

**Thank you for taking the time to sew/craft/bake for our beloved veterans.**

A certificate of recognition will be presented to the 'Made by' Auxiliary Member indicated.

Made by - Auxiliary Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

List facility where item(s) will be sent/used \_\_\_\_\_

District# \_\_\_\_\_ Auxiliary# \_\_\_\_\_ Auxiliary Hospital Chairman \_\_\_\_\_

Mail completed form to: Department Hospital Chairman. Deadline March 31.