



Veterans & Family Support

Department of South Carolina

Report Form

Auxiliary: _____ **District:** _____ **Group:** _____ **Date:** _____ **Report#:** _____

Chair: _____ **President:** _____ **# of Participants:** _____

1. How many members of the Auxiliary utilized the Veterans & Family Support materials/ resources in MALTA member resources listed below?

Auxiliary Rack Cards _____ *Suicide Awareness Stickers* _____

Link to Veterans Crises Line _____ *Link to VFW National Veterans Service* _____

2. How many members of the Auxiliary participated in promoting or hosting/co-hosting an event in support of these programs?

Disaster Relief _____ *Military Assistance (MAP)* _____ *Unmet Needs* _____

National Veterans Service (NVS) _____ *Veterans & Military Suicide Prevention* _____

Mental Health Awareness _____

3. Number of Auxiliary Projects that provided direct aid to veterans, service members and/or their families, _____ describe below.

of veterans, service and family members assisted: _____

4. Total of monetary donations provided to veterans, service members and/or their families. \$_____ Total of goods and/or services provided to veterans, service members and/or their families. \$_____

5. Total number of member hours for this report. _____

6. Total miles traveled for this report. _____

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