

HOSPITAL FORM INSTRUCTIONS

Please read the form and answer the questions when filling out Hospital Forms. Following are explanations for each section of the form and an example of a completed form is on the next page.

Auxiliary Name, Number and State go on the 1st line (1), (2) & (3) on sample form.

Place of visit and date of visit goes on the 2nd line (4) & (5) on sample. If Patients are brought to the VFW Post, please list the Hospital or Nursing Home that Patients are from.

Number of Members, number of Patients visited by Auxiliary (not Patients times Members) and total number of miles for all Members (round trip per Member, not per car) go on 3rd line (6), (7) & (8) on sample form. (9) on sample form is mileage times \$.25 + tolls.

Kind of Entertainment: Bingo, sing-a-long, ball games, etc. goes in (10) and the allowable credit if applicable for amateur or paid entertainer goes in (11). Bingo prizes and money are listed under **gifts**.

Refreshments: List refreshments with **amount** and **cost**. Example: 6 dz. Homemade cookies \$18, 1 cake purchased \$5.79 goes in (12) with the total of refreshments in (13).

Gifts: This is Bingo Prizes, canteen books, donations, lap robes, tray favors, new clothes, etc. **Itemize** with quantity and value of each on (14) and put total in (15).

Blood: List place of donation and DATE in (16) and put total credit in (17).

Attach a list of all used clothing, books and magazines verified by Hospital and put total in (18). Forms for these donations are in this Program Book.

Total all credits (9),(11),(13),(15),(17) & (18) and put this amount in (19).

List each MOC Auxiliary Sister in ALPHABETICAL order by LAST NAME under "Name of Sister". If she had any Project Hours on this Report put hours in (21), her Visit Hours in (22) and the total of these in (23). Use (24) for explanations of Project Hours such as "baked 2 cakes, 3 doz. cupcakes, blood, pieced 2 lap robes, etc." This can also be used to denote Clown, New Name, New Member (when this is 1st visit), blood, transfers, individual visit dates with Hospital Name, etc. When giving New Name, list Old Name. If transfer, give Grand and Auxiliary Number. If Reinstated, the last year she was a Member would be helpful in locating her previous hours.

Use (25) for any other special notes that you may feel are necessary such as MOC or Junior Clowns.

Complete "**Date Submitted**"- your Name, Title and Address.