



ZONE Veterans Service Officer Report

Zone	Reporting Period	
	From:	To:

1. Number of Branch(s) in the Zone: _____
2. Number of Branch(s) this report includes: _____
3. Number of Veterans visited:

A	Retirement Homes	
B	Nursing Homes	
C	Hospitals	
D	Veteran's Personal Home	
E	Branch	
F	Other ex. Technology, Internet, Telephone	

4. Number of times the Provincial Service Officer visited your Zone?

5. Number of Veterans\Widow\Widower who made appointments to be seen by the Provincial Veteran Service Officer?

6. From the Provincial Officer visit how many Veterans\Widow\Widowers were you asked to assist in the filling out of:

	Legion Application for Claim (Service Officer name on bottom)	
	Veterans Affairs Application	
	Quality of Life	
	Sunnybrook/Tony Stacey Application	

7. How many home visits were made to assist Veteran \ Widow \ Widower with forms or benefits: _____

8. How many cases within your Zone was financial assistance (from the Poppy Fund) granted to:

A	Veteran	
B	Widow/Widower	

9. What method did you advertise the visit of the Provincial Veteran Service Officer?

- a. _____
- b. _____
- c. _____

10. Branch Service Officers **NOT** on the Poppy Committee? If so,

Branch Name	Branch Number

11. What other activities does your Branch(s) do for Veterans, Widows, or Widowers.

- a. _____
- b. _____
- c. _____
- d. _____

12. Any issues for Convention:

- a. _____
- b. _____

Date Submitted: _____

Please Note:

Please submit this report to the District Chairman, Kevin McLean at vetservice-seniors@rcldistrictd.com **Quarterly - By the 15th of January, April, July, October**