DEPARTMENT OF NEW YORK VETERANS OF FOREIGN WARS OF THE UNITED STATES HOSPITAL ACTIVITIES REPORT FORM 20__-20__

District No.		-	Post No.					
Printed Name							(Telephone	Number)
Last Day	Of Month Reported:	·	_(MM/DD/YYYY)					
	I	Hospital Visits/P	Patient Visits			7		
			DONATIONS &			1		
WHERE	NUMBER WORKERS	NUMBER HOURS	CASH Dollars	PATIENTS CONTACTED	TOTAL MILES	_		
						1		
						1		
						1		
						}		
						1		
Visits Totals			\$ -			<u>]</u>		
	Pints	Double Reds						
Blood Donations		1		•				
Itam	HOSPITAL EQU	-	Total	-	Itom	DONA'		Total
Item Hospital Beds	Price \$108.76	Quantity	Total \$ -	1	Item Suits	Value \$40.00	Quantity	Total \$ -
Hospital Beds/Elec	\$130.04		\$ -	1	Slacks	\$25.00		\$ -
Hospital Table	\$30.00		\$ -		Sport Coats	\$5.00		\$ -
Patient Lift	\$105.00		\$ -	1	Shirt/Blouse	\$5.00		\$ -
Walker	\$38.00		\$ -		Heavy Coats	\$40.00		\$ -
Wheelchair	\$57.21		\$ -		Heavy Jackets	\$25.00		\$ -
Wheelchair/Elec.	\$467.64		\$ -		Light Jackets	\$20.00		\$ -
Quad Cane	\$9.51		\$ -	1	Sweaters	\$15.00		\$ -
Cane Crutches/Alum.	\$6.38		\$ - \$ -		Shorts	\$5.00 \$2.00		\$ - \$ -
Crutches/Wood	\$9.21 \$10.67		\$ -	1	Ties Skirts	\$10.00		\$ -
Carry Chair	\$19.36		\$ -		Dresses	\$15.00		\$ -
Commode	\$26.23		\$ -		Shoes	\$8.00		\$ -
Trapeze	\$17.19		\$ -	1	Purses	\$5.00		\$ -
Amego	\$119.69		\$ -		Hats/Belts	\$3.00		\$ -
Shower Chair w/back	\$35.00		\$ -		Gloves	\$3.00		\$ -
Shower Chair w/o back Value/Quantity	\$25.00		\$ -		Slips	\$3.00		\$ -
Rented/Misc Equipment			\$ -	-	Pajamas	\$3.00		\$ -
Totals			\$ -		Robes	\$5.00	1	\$ -
101115		<u> </u>		ı	Socks	\$1.00		\$ -
					Pocket Novel Books	\$0.50		\$ -
					Regular Bound Books	\$1.50		\$ -
					Puzzles	\$0.25		\$ -
					Used Magazines	\$0.50		\$ -
					Used Playing Cards	\$0.50		\$ -
					Donation Totals			\$ -
			Donations	Loaned Hospital			Pints	
	Number	Number	& Cash	Equipment	Patients	Total	of	Double
Description	Workers	Hours	(Dollars)	(Dollars)	Contacted	Miles	Blood	Reds
Grand								

Totals

MONTHLY CREDITS: Hospital events will be reported on the current Department Hospital Report form (hard copy) or submitted by Electronic input reporting system found on the Department's Home Page. The Hospital Program runs from May 1, through April 30, . Monthly reporting is the Posts means of receiving credit for all hospital events conducted by the individual Posts during any given month (1 May to 31 May respectively). Reports with multiple months included on the same form will be credited in the month they are received. All reports, both hard copy and electronic must be received by "Department" and dated no later than midnight the tenth day of the following month (EXAMPLE: Mays reports must be into Department no later than the 10th of June for you to get credit for May). When dating your reports use the last day of the month for which you are reporting.

REPORT SUBMISSION: Electronic and hard copy reports use the same format in the same order (NOTE: the date is MM/DD/YYYY) (EXAMPLE: 05/31/2013 should appear in the date space provided for reports submitted for May).

HARD COPY: These reports allow the user to keep a running log of their events performed with in that month; please ensure that the Totals at the bottom of the form for each of your activities are filled out.

ELECTRONIC REPORTING: Electronic reporting is done via the Department Website. Ensure that all the spaces are filled out properly, especially the date format MM/DD/YYYY, use the last day of the month for which you wish to receive credit, not the event date. Comment section must be filled out.

Submit only one report per month. If you find an error after you have submitted your report or find you forgot to enter data please submit an email to the director with changes. The director will correct your report. Any value over \$1,000.00 dollars or 1000 miles requires detailed explanations in comments. (I.e. Hospital equipment loaned 247 total of \$3275.00, Donations clothing to Veterans Home \$1600.00 or16 hospital trip total mileage 1280) Once you have submitted your data, a confirmation form will appear, make a copy of this form for your records in case your report does not post to the website.

WORKERS: This space is for the actual number of individuals involved in an event, and you claim one worker for each piece of hospital equipment checked out.

WORKERS HOURS: The total time of each person for the entire event actually spent with patients. (NOTE: time only counts for the time spent with patients. Driving time to and from the event is credited as mileage. DAV drivers get credit for time spent with patient while at the appointment only if they stay with the patient, otherwise they receive no credit. Volunteer time at a hospital, nursing home, retirement center etc. for which you have no patient contact will not be reported on the Hospital Report. **You claim one hour for each piece of hospital equipment checked out.** (Hospital visitation hours are credited at the end of the year at the rate of \$21.79 per hour).

DONATIONS: Donations are reported in dollar amounts. Report expenses, and value of items donated in the accomplishment of hospital events (i.e. bingo party refreshments etc., books, magazines clothes and the like). New items may be listed at cost; used items must be listed at a reduced value (see chart below for values).

HOSPITAL EQUIPMENT: Hospital Equipment is reported as a dollar amount. Total all actual equipment that has been or still is on "loan" from your Post during the month and put a total dollar value for all loaned equipment in the total block. See chart below for a listing of equipment values (i.e. Remarks Block- Hospital equipment 247, Hospital Equipment Block - 3275.00) Hospital Equipment rented for a patient by the post will be credited at actual cost incurred by the Post.

PATIENTS: This includes the total number of patients that have been visited during an event, or have attended a hospital function that you have held, and you claim one patient for every piece of hospital equipment checked out.

MILEAGE: The total number of miles driven to and from hospital event. Mileage will be allocated at \$0.14 per mile at the end of the year. Only submit actual miles not dollar amounts.

BLOOD DONATIONS: This is the actual number of pints of blood, or the number of Double Reds donated. Blood Donations will be credited at \$170.00 per pint, \$250.00 per double red at the end of the year.

ENTERTAINMENT:

Amateur – Use hours and mileage Professional – Going rate of hour or mileage, but not both

ALL HOSPITAL REPORTS ARE TO BE MAILED or FAX to:

Department of NEW YORK 69 SAND CREEK ROAD FAX: 518-426-8904