

# VFW DEPARTMENT OF SOUTH CAROLINA

## Hospital Report

Mail Form To:  
 Department Headquarters  
 Attention: **JOHN E. RIVERS**  
 State Hospital Chairman  
 803.536.5154  
 210 Glassmaster Road  
 Lexington,  
 South Carolina 29072

Post/Auxiliary No. \_\_\_\_\_ District No. \_\_\_\_\_

Reporting Period: . . . From \_\_\_\_\_ To \_\_\_\_\_  
(Date) (Date)

DATE	DESCRIPTION	TOTAL MEMBERS	TOTAL HOURS	TOTAL MILES	PATIENTS BENEFITED	VALUE of SERVICES
TOTAL						\$

Type of Facility	Name of Facility	Number of Visits
VA Medical Center		
VA Nursing Home		
VA Domiciliary		
State Hospital		
State Nursing Home		
State Domiciliary		
Community Hospital		
Community Nursing Home		
Other		

Prepared By: \_\_\_\_\_ Title: \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

Address: \_\_\_\_\_ S.C. Zip \_\_\_\_\_

## Department of South Carolina VFW Instructions for Completion of Hospital Report

1. Enter your Post Number, District number and the Reporting period that this report covers.
2. Date: Actual Date the event, function or Visit took place.  
 Description: What took place: (visit, bingo, donation, etc.).  
 Total Members: Number of members participating in the event, function or visit.  
 Total Hours: Hours each member spends to complete this event, function or visit. Include Travel time. (Example: 4 members spent 3 hours each. 4 X 3 = 12 hours)  
 Total Miles: Miles per vehicle to complete this event, function or visit. (Example: 4 members in 2 vehicles, round trip = 45 miles. 2 X 45 = 90 miles.)  
 Patient's Benefited: Actual number of Patients (clients) who benefited from this event, function or visit.  
 Value of Services: This is the sum total of all money spent (Donations, Fruit, Clothing, books, etc), plus value of mileage (\$00.14), to complete this event, function or visit.

Value of Miles = \$00.14

EXAMPLE:

Date	DESCRIPTION	TOTAL MEMBERS	TOTAL HOURS	TOTAL MILES	PATIENTS BENEFITED	VALUE of SERVICES
7/25	Bingo	5	15	120	47	\$ 236.80
8/6	Donation (check)					\$ 500.00
9/1	Visit (fruit, books)	3	9	212	135	\$ 479.43
9/17	Visit	1	6	62	11	\$ 8.68
	<b>TOTALS</b>	<b>9</b>	<b>30</b>	<b>394</b>	<b>193</b>	<b>\$ 1224.91</b>

<p>7/25 Prize Money = \$220.00</p> <p>Value of Miles = 120 X .14 = <u>\$ 16.80</u></p> <p>Value of Services = \$236.80</p>	<p>8/6 A check sent to the Facility in the amount of \$ 500.00</p>
<p>9/1 Fruit Cost = \$2.75 X 135 bags = \$371.25</p> <p>Value of Books = \$ 78.50</p> <p>Value of Miles = 212 X .14 = <u>\$ 29.68</u></p> <p>Value of Services = \$479.43</p>	<p>9/17 Visit Only</p> <p>Value of Miles 62 X .14 = <u>\$8.68</u></p> <p>Value of Services = \$8.68</p>

3. Under name of Facility, put the name of the facility and number of visits.
4. **Do not duplicate** the hours on this Hospital Report **on** the Community Activities Report. **Volunteer Hours** are reported on this Form **ONLY**