



## Veterans & Family Support Program Report Form

**2023-2024 Reporting Form due to the Chairman by the 10<sup>th</sup> of each month for your Auxiliary to be shown reported on the Program Tracker in Communication.**

Chairman: Cynthia Cortner, 11 Halifax Ct., Sterling, VA. 20165,  
C: (619)254-0014 [Cindypcx2@yahoo.com](mailto:Cindypcx2@yahoo.com)

FULL NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ AUXILIARY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

1. Did your Auxiliary utilize any of the Veterans & Family Support material/resources available in MALTA Member Resources? Yes      No

2. Did your Auxiliary promote, participate, host or co-host with the VFW Post activities for the VFW Veterans & Military Support Programs such as Disaster Relief, Military Assistance (MAP), National Veterans Service (NVS), Unmet Needs, Veterans & Military Suicide Prevention and Mental Health? If yes, identify program: \_\_\_\_\_ Yes      No

3. Did your Auxiliary provide direct aid to veterans, service members and/or their families? (ie: meals, cards, packages, transportation, donations, etc.) Yes      No

- a) Total Monetary value of donations and goods/services provided...\$ \_\_\_\_\_
- b) Total monetary donations provided.....\$ \_\_\_\_\_
- c) Approximate number of veterans/military personnel assisted.....\$ \_\_\_\_\_

4. Did your Auxiliary promote veteran and military suicide prevention and mental health awareness? Yes      No

Summary of Event: \_\_\_\_\_

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