VSO Monthly Activity Report

Area	Original/ new claim	Reopened claim	Claim review or action	Contacts
Disability Compensation	_____	_____	_____	_____
DIC	_____	_____	_____	_____
Veterans Pension	_____	_____	_____	_____
Death Pension	_____	_____	_____	_____
Burial Benefits/Gov't. Markers	_____	_____	_____	_____
Education	_____	_____	_____	_____
Home Loan	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
CHAMPVA	_____	_____	_____	_____
Other Federal Agency Benefits: (Soc.Sec. Disab, Medicaid, etc)	_____	_____	_____	_____
State benefits:				
Headstone setting, Property Tax, Bonus, Etc.	_____	_____	_____	_____
Veterans Home	_____	_____	_____	_____

VA Health Care: New enrollments _____ Financial Updates _____

Other: (Billings, Prescriptions, appointments, etc.) Contacts _____
VA Hospital transportation Coordination Contacts _____

# of veterans transported _____

Benefits Presentations:	**# of Events**	**# in Audience**	**Date(s)**
Veterans organizations	_____	_____	_____
Civic groups	_____	_____	_____

Other Activities:

Nursing home & hospital visits:	Clients seen	_____	Date(s)	_____
Newspaper articles:	Articles written	_____	Date(s)	_____
Public Service Announcements	Radio/TV	_____	Date(s)	_____

Any additional activities or services:

VSO Name: _____ County/Tribe _____

Report for Month & Year _____

(Rev.12/08)