WELFARE REPORT
1 MAY 2016 – 30 APRIL 2017

DEPARTMENT & CHAPTER WELFARE OFFICERS SHOULD ANSWER AS APPROPRIATE TO THEIR LEVELS OF RESPONSIBILITY. PLEASE PROVIDE BRIEF AND TO-THE-POINT INFORMATION TO HELP THE NATIONAL WELFARE OFFICER PREPARE A MEANINGFUL ANNUAL REPORT TO THE NATIONAL CONVENTION.

PLEASE ANSWER QUESTION NO. 1 IN FULL.
REPORTS RECEIVED BY THE NATIONAL WELFARE OFFICER AFTER 30 JUNE 2017 WILL NOT BE INCLUDED IN THE ANNUAL WELFARE REPORT TO THE NATIONAL CONVENTION

1. DEPT/CHAP NAME _____ NUMBER _____ STATE ____ REGION ____

2. WELFARE ACTIVITIES (Note hours donated and funds expended)

Activity	Man Hours	Funds
A. HOSPITAL/HOME VISITS	_____	$ _____
B. TRANSPORTATION (Please do not show mileage)	_____	$ _____
C. FAMILY ASSISTANCE	_____	$ _____
D. MEMORIAL SERVICES/ACTIVITIES	_____	$ _____
E. COMMUNITY WELFARE	_____	$ _____
F. SCHOLARSHIPS/AWARDS	_____	$ _____
G. _____	_____	$ _____
_____	_____	$ _____
_____	_____	$ _____

3. TOTAL NUMBER OF HOURS, INCLUDING TRAVEL, SPENT ON WELFARE ACTIVITY _____

4. TOTAL FUNDS EXPENDED FROM 1 MAY 2016 TO 30 APRIL 2017 $ _____

5. SOURCES OF FUNDS (INCLUDE DONATIONS) _____

_____

_____

6. USE REVERSE SIDE OF FORM TO DESCRIBE PROBLEMS OR TO REQUEST CHANGES TO THE WELFARE PROGRAM.

7. WELFARE OFFICER _____ (PRINT/TYPE NAME) _____ (SIGNATURE) _____ (PHONE)

DEPARTMENT WELFARE OFFICER: COMPLETE FORM FOR DEPARTMENT AND MAKE REMARKS ON REVERSE SIDE CONCERNING REPORTS YOU RECEIVED FROM CHAPTERS.

CHAPTERS: SEND ORIGINAL FORM TO THE NATIONAL WELFARE OFFICER **NO LATER THAN 31 MAY 2017.**
SEND ONE (1) COPY TO YOUR DEPARTMENT WELFARE OFFICER & RETAIN ONE (1) COPY FOR YOUR FILE.

DEPARTMENTS: SEND ORIGINAL FORM TO THE NATIONAL WELFARE OFFICER **NO LATER THAN 30 JUNE 2017.**
RETAIN ONE (1) COPY FOR YOUR FILE.

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