

WELFARE REPORT

2007 - 2008

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 JULY 1, 2008 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)

<u>Activity</u>	<u>Man Hours</u>	<u>Funds</u>
A. HOSPITAL/HOME VISITS	_____	\$ _____
B. TRANSPORTATION (Please do <u>not</u> 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 JULY 1ST TO PRESENT \$ _____

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/TYPER NAME SIGNATURE DATE

*IF YOU ARE FILING THIS FORM ELECTRONICALLY TO THE NATIONAL WELFARE OFFICER VIA EMAIL YOU ARE AGREEING TO THE CONDITIONS SET FORTH IN THIS DOCUMENT BY TYPING YOUR NAME ABOVE IN BOTH PLACES.

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 JUNE 15TH.

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 JULY 1ST.

RETAIN ONE (1) COPY FOR YOUR FILE.

NATIONAL WELFARE OFFICER:

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