

HOSPITAL

AUXILIARY

1. The Hospital Report can be found on the MOC web site www.lotcs.org. The report must be e-mailed to the Grand Chairman to be received by the FIRST of the month. If you cannot e-mail, then three copies must be mailed at your own expense to be received by the Grand Chairman by the First of the month. All Auxiliaries not in a Grand should e-mail or mail to their Supreme District Commissioner.
2. Keep an accurate record of Hospital Hours for each Member of the Auxiliary.
3. Names should be in alphabetical order by LAST name. DO NOT USE NICKNAMES. PLEASE NOTE ON THE HOSPITAL REPORT EACH MONTH IN THE INFORMATION COLUMN DECEASED, TRANSFERRED, NEW MEMBERS OR ANY MEMBERS THAT HAVE CHANGED THEIR NAMES.
4. Reports must reach the Supreme Hospital Commissioner within 90 days of the date of the Hospital visit to be accepted. Hours are counted only on Hospital Reports sent to Supreme through proper channels.
5. Credit CANNOT be taken for both the VFW and MOC Auxiliaries for the same visit unless it is a split visit with split time.
6. All time must be volunteered. Time is not counted for Members working as paid employees of any Hospital or Nursing Home.
7. Members are responsible for seeing that their hours are reported and recorded properly by the Auxiliary Chairman. Hours should be reported as the visit is completed. Be sure to report date of visit, hours visited, where visited, how many patients visited, round trip mileage and any gifts and/or refreshments you took.
8. Hospital Reports should be for ONE hospital only. Reports with more than one visit can be done but should LIST EACH VISIT BY DATE. Forms should be legible and not crowded. Use a separate sheet if needed.
9. When combining Reports for one person, list each by separate date. This will show the number of visits under # of Members. It would be 1 Member x 16 visits = 16 members.
10. Take credit for ALL work done and use the Credit Allowance Forms on the following pages. Reports MUST be filled in completely to ensure each Member is given proper credit.
11. Hospital Pins are for 100, 300, 500, 700, 1000, 1500, 2000, 2500, 3000, 4000, 5000, 6000, 7500, 10000, 15000, 20000, 25000, and 30000. Special Award for 40000 +. Hours from previous years are added to the current year. Hours run continuously.
12. Year End for Hour Pins is January 31. Year pins run from February 1st through January 31st.
13. Members will receive Pins at their Grand Convention (from Auxiliary Chairman if not within a Grand). It is not necessary to return previous pins received-return if possible.
14. Yearly quota is \$250 per Member, based on May 31, 2017 Membership. (# of Members in Auxiliary x \$250.00 = quota)
15. **Year runs from June 1, 2017 through May 31, 2018.**
16. **Blood** is reported on **hospital report form under gifts** with project hours and mileage reported on hospital report form by member's name.

GRAND

1. Make sure the Auxiliary Chairmen have copies of the whole Program including blank Hospital Forms (for making copies if needed).
2. All Grand Hospital Chairmen must retain a record of the hours sent in on the Hospital Reports.
3. The MONTHLY HOSPITAL REPORT should be compiled ONCE A MONTH from the Auxiliary Reports. E-mail this report along with your Hospital Reports to your District Commissioner to be received by the 10th of each month. If you cannot e-mail, then 2 copies of each report must be mailed at your own expense. Remember to keep a copy of all reports.
4. REPORTS MORE THAN 90 DAYS OLD WILL BE RETURNED AND NOT COUNTED.
5. Correct any errors on the Hospital Reports and e-mail **or mail** corrected report to Auxiliary.
6. Make sure to include all forms needed.
7. You are responsible to the District Hospital Commissioner. You promote Hospital work and Blood donations within the Grand. Keep the Grand President informed of what is going on in her Grand and report Auxiliaries not reporting.
8. It is your responsibility to see that the signed Pin Form, any Pins not claimed, and returned pins are sent to the Supreme Commissioner by June 30th.
9. May 31st is the Year End. Awards are made at the Supreme Convention on reports ending May 31st and received by Supreme Commissioner by June 20th.

DISTRICT COMMISSIONER

1. Once a month compile the MONTHLY HOSPITAL REPORT from all Grand Reports and Auxiliaries not in a Grand from your District and e-mail **or mail** to the Supreme Hospital Commissioner to be received by the 20th of the month, correcting any errors that were missed.
2. E-mail **or mail** to the Grand Chairmen and Auxiliary Chairman not in a Grand any corrections that you or the Supreme Commissioner makes.
3. Be a liaison between Grand and Supreme.

AWARDS

1. **Citations** to the Auxiliary and Auxiliary Chairman for 300% or over quota.
2. **Plaques** to all Auxiliaries 1500% or over of quota.
3. **Plaques** to all Grands 500% or over of quota.

ALLOWABLE HOSPITAL CREDITS

Credits will be allowed for visits and work done in and for ANY Hospital (VA Medical Center, Children's Hospital, State Hospital, or Nursing Home). VISIT Hours are for any work done IN any Hospital or Nursing Home (parties, visits, VAVS meetings, regular volunteer). PROJECT Hours are the time spent getting ready for the Hospital Visit, such as baking, preparing food, making lap robes, and other items for the Hospitalized Patient. Report all hours to nearest 0.25 hour.

TRAVEL HOURS

1. Travel hours are reported round trip.
2. Report to the nearest 0.25 hour. Example: to hospital-7 minutes and from hospital 7 minutes = .25 hour.

VISIT HOURS

1. Visiting throughout any Hospital, making bedside visits to patients, working on Bingo games in Hospitals, writing letters, etc.
2. Hours spent attending VAVS Meetings and orientation courses (NOT recognition dinners).
3. A Member working as a regular volunteer in a Medical Center, VA Clinic or VA Fisher House may receive up to nine (9) hours per day maximum credit.

PROJECT HOURS

1. Hours spent making refreshments or making articles such as lap robes, scuffies, bibs, tray favors, etc.
2. Hours spent washing, mending, ironing, or sewing articles to be donated to the Hospital.

GIFTS

1. Hospital Reports should include the Supreme President's Special Hospital Project donations soon after it is given.
2. Cash for Bingo, blood, puzzles, lap robes, tray favors, flowers, toll road cost. List quantities and value of each item.

Where Credit is NOT Allowed

1. Hours are not allowed for assisting or visiting senior citizens (unless they are Patients in a Hospital or Nursing Home).
2. Assisting Veterans' dependents or Veterans outside the Hospital, such as providing food, transportation to medical appointments, church, shopping and entertainment. This is Veterans Support, which is a program of the VFW Auxiliary, not the MOC Auxiliary.
3. Working on community service projects, such as assisting Red Cross bloodmobiles, Meals on Wheels, putting out or picking up donations cards or cans, answering telephones (for heart, cancer, kidney, MD, etc.) or donations to same. This is Veterans Support, which is a program of the VFW Auxiliary and not the MOC Auxiliary.
4. Attending Memorial Services, Funerals, or furnishing food or flowers for bereaved families. This belongs on the Chaplain's Report.
5. Assistance or visit to any Member of your family or your husband's family (this includes nieces, nephews, in-laws, etc.) Time spent visiting other patients can be taken, but NO MILEAGE.
6. Time it takes to make out reports.
7. Time spent shopping for personal gifts to Patients or collecting items from other Members to be donated.
8. Time spent dressing as a Clown or putting on make-up.
9. Donations to National Home, Scholarship, Salvation Army, Goodwill, and other Organizations ARE NOT HOSPITAL donations.

10. Time spent shopping for regular Hospital Programs and visits IS NOT ALLOWED.
Reasonable shopping hours may be allowed for large parties or large numbers of gifts for special occasions.
11. Time spent fund raising.

SUPREME HOSPITAL COMMISSIONER:

Janis Wimmer
5980 Hwy 54 S Unit 3753
Alamogordo, NM 88311-9522

Home: 575-437-0053
E-mail: kachina1@q.com

**BASIC CREDIT ALLOWANCES
LIST QUANTITY AND VALUE FOR ALL GIFTS AND REFRESHMENTS**

Amusements & Entertainment

Ball Games, movies, shows, etc.

Mileage is allowed for taking patients to these functions, but the allowance is for MOCA Members only.

Amateur Entertainment

\$10 per visit for NON-MEMBERS only at AUXILIARY'S request

Professional

Actual Cost

CREDIT UNDER ENTERTAINMENT

Actual Cost

Blood (with donation date)

Whole blood (per unit)

\$70.00 + 2 Project Hours (once every 8 weeks)

Plasma (1 unit per day)

\$70.00 + 2 Project Hours (once every 3 days)

Platelets (1 unit per day)

\$70.00 + 3 Project Hours (once every 7 days)

Platelets (2 units per day)

\$100.00 + 4 Project Hours (once every 7 days)

CREDIT UNDER GIFTS

Books/Magazines

New

Actual Cost if taken as Patient gift

Used (Books)

Half Price

Used (Magazines)

\$1.50 each

CREDIT UNDER BOOKS & MAGAZINES

Clothing

New

Actual Cost if taken as Patient gift

Used

Credit per CLOTHING ALLOWANCE FORM

A dress is a dress, whether formal or street

CREDIT UNDER CLOTHING

ITEM

CREDIT UNDER GIFTS

Bibs

Cloth (12" x 12")

\$2.00 + 2 Project Hours each

Cloth (20" x 20")

\$3.00 + 2 Project Hours each

Knitted (12" x 12")

\$2.00 + 1 1/2 Project Hours each

Knitted (20" x 20")

\$4.00 + 3 Project Hours each

Bingo Prizes

Itemize on form or attach sheet

Actual Cost (includes money or canteen books)

Candy/Gum

Purchased

Actual Cost

Homemade

\$5.00 per pound + 1 Project Hour per batch

Flowers

Purchased

Actual Cost

Home Grown

\$5.00 per bouquet

DO NOT include funeral flowers; this belongs under Chaplain Program

Games/Puzzles

New

Actual Cost

Used

Half Price

Hospital Equipment

NEW

Actual Cost

USED

Half Price

Lap Robes/ Afghans

40" x 40" lap robes

\$30.00 (material included in allowance)

Crocheted/Knitted

+ 20 Project Hours each

Pieced or Quilted

+ 10 Project Hours each

Plain or no sew

+4 Project Hours each

48" x 60" Afghan

\$50.00 (material included in allowance)

Crocheted/Knitted

+ 35 Project Hours each

Pieced or Quilted

+ 18 Project Hours each

Plain or no sew

+7 Project Hours each

60" x 72" Afghan

\$72.5 (material included in allowance)

Crocheted/Knitted

+ 54 Project Hours each

Pieced or Quilted

+ 27 Project Hours each

Plain or no sew

+ 11 Project Hours each

If other than standard size, give dimensions and credit will be pro-rated.

Occupational Therapy

Some hospitals ask for items for use in occupational therapy and craft classes such as Styrofoam and Plastic containers, aluminum pans, plastic rings, etc. Take only if wanted.

Credit for above items

\$0.05 each No hours for collecting.

Items purchased for therapy and craft classes

Actual Cost

Therapy Balls

\$1.50 + 1 Project Hour each

Pillows

Heart or Surgery

\$5.00 + 2 Project Hours

Plastic Canvas Items

Small (bookmarks, ornaments, tray favors, pins)

\$1.00 each + 1 Project Hour

Tissue boxes (completely filled in)

\$5.00 each + 10 Project Hours

Sock pull

\$3.00 each + 2 Project Hours

Radios/Televisions/CD/DVD/VCR

NEW

Actual Cost

USED

Half Price

USED CDs/DVDs/VCR TAPES	Half Price not to exceed \$10.00 each
Scuffies and Slippers	
Cloth scuffies	\$4.00 + 2 Project Hours/pair
Crocheted/knitted scuffies	\$4.00 + 4 Project Hours/pair
Slipper socks (ankle) crocheted/knitted	\$5.00 + 6 Project Hours/pair
Slipper socks (mid-calf) crocheted/knitted	\$6.00 + 10 Project Hours/pair
Sewing, Mending, Ironing	CREDIT UNDER PROJECT HOURS
Doing these for Patients	Reasonable time
Used Clothing donated	Reasonable time
Shawls/Capes/Hats	
Shawls/Capes	\$20.00 + 20 Project Hours each
Hats (stocking caps)	\$6.00 + 6 Project Hours each
Soap Bags	
Crocheted	\$2.00 + 2 Project Hours each
Utility and Laundry Bags	
Handmade	\$4.00 + 1 Project Hour each
Ditty Bags	\$2.00 + ½ Project Hour each
Wheel Chair Covers	
Includes the back & pockets	Cost of material + 2 Project Hours each
Wheel Chair Cushion Cover	
Price depends on material	Cost of material + 2 Project Hours each

Refreshments

All Purchased Refreshments

CREDIT UNDER REFRESHMENTS

Actual Cost and No Project Hours

Homemade

Drinks	Actual Cost (not per cup)
Cakes (Box)	\$6.00 + 2 Project Hours
Angel Food	\$5.00 + 1 Project Hour
Pies	\$5.00 + 2 Project Hours
Cookies	\$3.00 per Dozen + 1 Project Hour per 3 dozen
Doughnuts/Cupcakes	\$3.00 per Dozen + 1 Project Hour per dozen
Muffins	\$2.00 per Dozen + 1/2 Project Hour per dozen
Buns/Rolls	\$2.00 per Dozen + 1 Project Hour per dozen
Fruit & Nut Bread	\$4.00 + 1 1/2 Project Hours each
Brownies/Bar Cookies	\$4.00 + 1 1/2 Project Hours per BATCH
Deviled Eggs	\$2.50 per Dozen whole eggs + 1 Project Hour
Sandwiches	(whole sandwich is 2 slices of bread)
Salad (ham, tuna, egg, pimento)	\$2.00 each whole + 1 Project Hour per dozen
Meat & Cheese	\$1.50 each whole + 1 Project Hour per 2 dozen
Peanut Butter & Jelly	\$1.00 each whole + 1 Project Hour per 2 dozen

Meals

If served at a Hospital, such as a Bar-B-Q, take credit for what the Auxiliary actually purchased and/or donated. If meals are served by the Auxiliary at the VFW Post, then use actual cost of

meals eaten by the Patients. Example: ham dinner, total cost of groceries \$343.00, with 100 total people served, 20 were Patients. Cost of groceries divided by number of people served times number of Patients served equals credit. ($\$343.00$ divided by 100 served = $\$3.43$ x 20 patients = $\$68.60$ credit)

Transportation

\$.14 per mile. PER MEMBER, ROUND TRIP

TOLLS-Bridge/Parking/Public Transportation/Roads

Meeting visit Mileage is from Meeting place or Motel to & from Hospital

CREDIT UNDER MILEAGE

\$.14 x number of miles

Actual cost **credit under gifts**

Miscellaneous

Reasonable allowances will be given for anything that is not listed above. Explain under information.

If you are allowed (in your area) to donate articles not listed, include them on your Hospital Report at what you consider a fair price. The Grand Chairman and the Supreme District Commissioner will review and send me their comments. If there seems to be a disagreement, you will be notified. This also goes for SPECIAL shopping trips for Patients or large parties. Attach explanation for these hours and the same will be done.

Please use the Forms prepared for you in this section or on the web site. It will make your job a lot easier when it comes to reporting used clothing, books, and magazines.

We want each Auxiliary to have the same opportunity to obtain a Citation. These costs are an average across the country and the hours are what it should take an average person to do the project. We realize that some people can knit or crochet a lot faster than others, so we have tried to find a happy medium.

HOSPITAL FORM INSTRUCTIONS

Please read the form and answer the questions when filing out Hospital Forms. Following are explanations for each section of the form and an example of a completed form is on the next page.

Auxiliary Name, Number, State, and Where Visit Made: go on the 1st line (1), (2), (3), (4) on the sample form. If Patients are brought to the VFW Post, please list the Hospital or Nursing Home that Patients are from.

Member Number: (5) on sample.

Member Name: (6) on sample—list each MOCA Auxiliary Member in ALPHABETICAL order by LAST NAME. Put the total **Project Hours** (7), total **Travel Hours** (8), and Total **Visit Hours** (9) using no more than 2 decimal points. If you are using the computer form, (10) **Total Hours** will

add automatically. If doing by hand, (10) Total Hours then add column 7, 8, and 9 together and put total in (10). Miles (11) is total miles round trip to 2 decimal points.

Total \$: (12) if using computer form, (12) will add automatically. If doing by hand, (12) is Total Hours (10) multiplied by \$22.55 plus Miles (11) multiplied by 0.14.

Information: (13) is used for explanations of project hours such as “baked 2 cakes, blood donations, lap robes, etc. This line can also be used to denote Clown, New Name, New Member, transfer, individual visit dates when more than one visit to same hospital, etc. When giving New Name, list Old Name in information. If transfer, give Grand and Auxiliary Number. If Reinstated, the last year person was a member would be helpful in locating their previous hours.

Total (14) if using computer form, will add automatically. If doing by hand, (14) is total of each column.

No. Members (15) is total number of members that did things not just number of names listed. For example on the sample for the total members is 10 because of the different dates of visits.

Patients (16) is number of patients visited. For example on the sample sheet, the No. Patients is 125 which was 25 patients visited on 5/24 and then 25 patients visit each day of 5/5, 5/12, 5/19, and 5/23.

Date: (17) is the date of the visit if only one visit on sheet otherwise do like the sample.

Kind of Entertainment: (18) Bingo, sing-a-long, ball game, etc., and the allowable credit if applicable for amateur or paid entertainer goes in (19). Bingo prizes and money are listed under gifts.

Refreshments: (20) List refreshments with amount and cost. Example: 6 dz. Homemade cookies \$18, 1 cake purchased \$5.79 goes in (20) with the total of refreshments in (21).

Gifts: (22) This is Bingo Prizes, **blood**, canteen books, donations, lap robes, tray favors, toll costs, etc. Itemize with quantity and value of each on (22) and put total in (23).

Clothing, Books, & Magazines: (24) List new clothing and price and total from used clothing form. Attach a list of all used clothing, books, magazines. Put totals listed from (24) in total (25).

Submitted By: (26) Put your name and title

GRAND TOTAL: (27) If using computer form, total will add automatically. If doing by hand, then add Total \$(14), (19), (21) (23), and (25).

E-Mail: (28) put in your email address. **Phone:** (29) your phone number. **Address:** (30) mailing address, **City:** (31), **State:** (32), **and Zip:** (33)