

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 but would be appreciated if possible.
14. Yearly quota is \$250 per Member, based on April 30, 2021 Membership. (# of Members in Auxiliary x \$250.00 = quota)
15. **Year runs from May 1, 2021 through April 30, 2022.**
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. April 30th is the Year End. Awards are made at the Supreme Convention on reports ending April 30th and received by Supreme Commissioner by May 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 **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 Auxiliaries by membership groups based on reports, correctness, %, etc.
3. **Plaques** to top 3 Grands based on reporting, correctness, %, etc.
4. **Blood Pins as earned**

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, 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.
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.
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:

Ruth Schoonover
3096 Angela Lane
Oak Harbor, WA 98277-9026

Home:
Cell: 360-675-3609
E-mail: rshospmoca@gmail.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)

Plasma (1 unit per day)

Platelets (1 unit per day)

Platelets (2 units per day)

CREDIT UNDER GIFTS

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

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

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

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

Books/Magazines

New

Used (Books)

Used (Magazines)

CREDIT UNDER BOOKS & MAGAZINES

Actual Cost if taken as Patient gift

Half Price

\$1.50 each

Clothing

New

Used

CREDIT UNDER CLOTHING

Actual Cost if taken as Patient gift

Credit per CLOTHING ALLOWANCE FORM

A dress is a dress, whether formal or street

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	\$54.00 (material included in allowance)
Crocheted/Knitted	+ 36 Project Hours each
Pieced or Quilted	+ 18 Project Hours each
Plain or no sew	+ 7 Project Hours each
60" x 72" Afghan	\$81.00 (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
Walker Bags	\$6.00 + 2 Project Hours each
Wheel Chair Covers	
Includes the back & pockets	\$6.00 + 2 Project Hours each

Wheel Chair Cushion Cover
Price depends on material

\$6.00 + 2 Project Hours each

Refreshments

All Purchased Refreshments

Homemade

Drinks

Cakes (Box)

Angel Food

Pies

Cookies

Doughnuts/Cupcakes

Muffins

Buns/Rolls

Fruit & Nut Bread

Brownies/Bar Cookies

Deviled Eggs

Sandwiches

Salad (ham, tuna, egg, pimento)

Meat & Cheese

Peanut Butter & Jelly

CREDIT UNDER REFRESHMENTS

Actual Cost and No Project Hours

Actual Cost (not per cup) + 1 Project Hour

\$6.00 + 2 Project Hours

\$5.00 + 1 Project Hour

\$5.00 + 2 Project Hours

\$3.00 per Dozen + 1 Project Hour per 3 dozen

\$3.00 per Dozen + 1 Project Hour per dozen

\$2.00 per Dozen + 1/2 Project Hour per dozen

\$2.00 per Dozen + 1 Project Hour per dozen

\$4.00 + 1 1/2 Project Hours each

\$4.00 + 1 1/2 Project Hours per BATCH

\$2.50 per Dozen whole eggs + 1 Project Hour
(whole sandwich is 2 slices of bread)

\$2.00 each whole + 1 Project Hour per dozen

\$1.50 each whole + 1 Project Hour per 2 dozen

\$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).

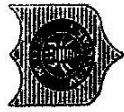
Gifts: (22) This is Bingo Prizes, **blood**, canteen books, donations, lap robes, tray favors, toll costs, etc. Itemize with quantity and value of each on (22) and put total in (23).

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

Submitted By: (26) Put your name and title

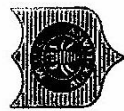
GRAND TOTAL: (27) If using computer form, total will add automatically. If doing by hand, then add Total \$(14), (19), (21) (23), and (25).

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



"KEEP 'EM SMILING IN BEDS OF WHITE"

[illegible]



"KEEP 'EM SMILING IN BEDS OF WHITE"

2021-2022 Program Book.





Auxiliary Books, Magazines, and Used Clothing Allowances

Auxiliary _____ MOCA # _____ DATE: _____

Clothing MUST BE clean and ready to wear. Allowances for clothing include washing, soaps, and cleaning fluids.

DO NOT take clothing you would not want to wear yourself.

Books should be in good shape & not yellowed from storage. Monthly magazines should not be more than 3 months old.

MEN'S AND BOYS' WEAR			
QTY	ITEM	COST	TOTAL
	Caps/Scarves	\$3.00	
	Coat, Car/Winter	\$25.00	
	Gloves	\$3.00	
	Jackets, Sports	\$20.00	
	Jackets, Summer	\$10.00	
	Jogging Suits	\$12.00	
	Pajamas	\$8.00	
	Pants, Work/J Jeans	\$10.00	
	Raincoats	\$11.00	
	Robes	\$10.00	
	Shirts, Dress	\$8.00	
	Shirts, t or Jersey	\$4.00	
	Shoes, Boot	\$10.00	
	Shoes, Other	\$11.00	
	Shorts, Walking	\$5.00	
	Slacks, Dress	\$10.00	
	Slippers	\$5.00	
	Snow Suits	\$25.00	
	Socks	\$1.00	
	Suits, Dress	\$40.00	
	Sweaters	\$10.00	
	Sweat Shirts	\$6.00	
	Sweat Pants	\$6.00	
	Swimsuits	\$4.00	
	Ties/Belts	\$2.00	
	Vest	\$4.00	
	Vest, Winter	\$6.00	
	TOTAL		

LADIES' AND GIRLS' WEAR			
QTY	ITEM	COST	TOTAL
	Bed Jackets	\$6.00	
	Blouses/Smocks	\$8.00	
	Boots	\$10.00	
	Coats (Snow Suits)	\$25.00	
	Dresses	\$10.00	
	Full Slips	\$4.00	
	Gowns/Pajamas	\$6.00	
	Half Slips	\$3.00	
	Jackets, Ladies	\$10.00	
	Jeans, Ladies	\$10.00	
	Jogging Suits	\$12.00	
	Purses	\$4.00	
	Robes	\$10.00	
	Scarves/Hats	\$3.00	
	Shells	\$3.00	
	Shoes	\$10.00	
	Shorts	\$5.00	
	Skirts/Culottes	\$8.00	
	Slack Suit, 2 pc.	\$20.00	
	Slack Suit, 3 pc.	\$30.00	
	Slacks	\$10.00	
	Slippers, House	\$5.00	
	Sweaters	\$10.00	
	Sweatshirts	\$6.00	
	Sweat Pants	\$6.00	
	Swimsuits	\$10.00	
	Vest	\$4.00	
	TOTAL		

NEW BOOKS & MAGAZINES			
QTY	ITEM	COST	TOTAL
	Books (Hardback)		
	Books (Paperback)		
	Magazines		
	Total		

USED BOOKS & MAGAZINES			
QTY	ITEM	COST	TOTAL
	Books (Hardback)		
	Books (Paperback)		
	Magazines	\$1.50	
	Total		

TOTAL COST OF ALL DONATIONS \$ _____

DATE: _____

Delivered To: _____

Received By: _____

Title: _____

MOCA HOSPITAL HOURS

[illegible]

NOTE: FOR MOCA Hospital chairman's file only. (Must be available to Grand Chairman)