



# Veterans Visitation Program

## Application and Report

Email (preferred method) to: [Visitation@lvmac.org](mailto:Visitation@lvmac.org) with Subject: Visitation Program Coordinator  
Mail to: LVMAC, ATTN: Visitation Program, P. O. Box 2252, Lehigh Valley, PA 18002

### PART 1: Scheduling and Pre-Approval for Funding

Date Submitted:	<input type="text"/>	Estimated number of veterans to be visited:	<input type="text"/>
Organization:	<input type="text"/>	Visitation Date:	<input type="text"/> Start Time: <input type="text"/>
Contact:	<input type="text"/>	Scheduled Visit:	<input type="checkbox"/> Tentative Visit: <input type="checkbox"/>
Telephone:	<input type="text"/>	Facility:	<input type="text"/>
Address:	<input type="text"/>	Contact:	<input type="text"/>
City, State, Zip:	<input type="text"/>	Telephone:	<input type="text"/>
Email Address:	<input type="text"/>	Town:	<input type="text"/>
		County:	<input type="text"/>

Estimated Funding Requested (see Part 2 for breakdown): \$

*This visit has been pre-approved for reimbursement up to \$  by the LVMAC Program Coordinator.*

### PART 2: Program Estimates and Actual Visitation Costs

Check one and complete one or more activity below:

	<u>Estimated</u>	<u>Actual</u>		<u>Estimated</u>	<u>Actual</u>
<input type="checkbox"/> Bingo:	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> Commissary Deposit:	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Gifts:	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> One-on-One Visit:	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Ceremony:	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> Entertainment Troop:	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Speaker:	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> Refreshments:	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Movie Night:	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> Other (specify):	\$ <input type="text"/>	\$ <input type="text"/>

### PART 3: Veterans Data from Actual Visit

Actual Number of Veterans Visited:  Number of Female Veterans:

Approximate/Actual Service Count: USA:  USAF:  USMC:  USN:  USSF:  USCG:

Approximate/Actual Period of Service Count:

WWII:  Korea:  Vietnam:  Cold War:  Post 9/11:  Other (specify):

### PART 4: Required Signatures for Reimbursement

Requested by:  For the Amount: \$  Date:

*Typed/Written Signature (Authorized Agent of Organization)* Approved by:

Printed Name:  *Typed/Written Signature" (Program Coordinator)*

Mail Check to:

**REQUIRED:** Attach photocopies of receipts totaling the requested amount for reimbursement.