Missouri VFW Auxiliary Hospital's Crafting from Home Program

Members of the VFW Auxiliary provide a vital source of care and comfort for veterans through their efforts by participating in the Hospital's crafting from home program. Auxiliaries should contact the facility where they plan to send items to ensure they are needed, and especially with food items, that they will be accepted. Completed items are to be sent directly to the facility and/or the VAVS representatives who requested / will use them.

Patterns for some items can be found on the Department website.

| Number Items | Crafting Project | Hours allowed | Value allowed | Hours reported | Value reported |
|-----------------|---|------------------|------------------|-------------------|----------------|
| Teerris | Lap Robe (40x60) Sewn/tied (using 3 oz filler) | 15 | \$75.00 | Теропеч | Теропеа |
| | No Sew Single Layer 48 inches | 2 | \$30.00 | | |
| | No Sew Double Layer 48 inches | 20 | \$60.00 | | |
| | Weighted blanket | 10 | \$50.00 | | |
| | Quilt Twin size (72"x96") (using 3 oz filler) | 25 | \$85.00 | | |
| | Sewed/Tied (no filler) | 20 | \$75.00 | | |
| | Long arm (machine) quilted | 50 | \$150.00 | | |
| | Laundry bags – (25"x36") with drawstring | 3 | \$6.00 | | |
| | Tote bag – (10"x12") with drawstring | 2 | \$5.00 | | |
| | Wheelchair bag or Walker Caddy | 2 | \$6.00 | | |
| | Neck/Heart Pillow or shower wrap/cover | 3 | \$15.00 | | |
| | Shirt protector (bib) (18"x40") Terry cloth | 2 | \$10.00 | | |
| | Urine bag cover | 2 | \$6.00 | | |
| | OTHER CRAFTING Projects(s) please describe | | | | |
| | | | | | |
| | | | | | |
| Number of items | Baking/Cooking Project(s) – please describe | | | | |
| | Cake or pie, each | 2 | \$8.00 | | |
| | Cupcakes or tarts, Dozen | 2 | \$8.00 | | |
| | Cookies, dozen | 2 | \$6.00 | | |
| | Candy, per pound | 3 | \$7.00 | | |
| | Other: Please describe/ use back of this form if needed | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Thank you for taking the time t | o sew/craft/bake for our beloved veterans. | A certificate of recognition will b | e presented to the | 'Made by" | | | |
|---------------------------------|--|-------------------------------------|--------------------|-----------|--|--|--|
| Auxiliary Member indicated. | Made by - Auxiliary Member Name: | | | | | | |
| Address: | | List facility where item(s) will be | | | | | |
| sent/used | | District# | Auxiliary# | Hospital | | | |
| Chairman | Signature | | | | | | |

Email completed form to: Department of Missouri Hospital Chairman. Deadline March 31.