



## INSTRUCTIONS

- Item 1 Please check the appropriate box if this is a new, update or additional Hospital Service Coordinator.
- Item 2 Name of VA hospital where your Hospital Service Coordinator is assigned.
- Item 3 State where it is located.
- Item 4 Facility Number (also known as station number). This can be obtained from the Chief of VAVS.
- Items 5 thru 11 Hospital Service Coordinator's full name, current work address, home phone number with area code and work phone number with area code and extension number, if applicable.
- Item 12 Hospital Service Coordinator's birthdate by month, day and year.
- Item 13 Hospital Service Coordinator's cell phone, if applicable.
- Item 14 Hospital Service Coordinator's workplace email address (if not available, please provide alternate email address).
- Item 15 DAV or DAVA Membership ID# (if applicable).
- Item 16 Date your Hospital Service Coordinator was hired.
- Item 17 Annual Salary at time of employment or change. (The above information will enable DAV National Headquarters to compile an average cost of the Hospital Service Coordinator program and is used for DAV statistical purposes only).
- Items 18 thru 24 Indicate whether the Hospital Service Coordinator is a DAV or DAVA member and provide the appropriate membership code number. This form must be signed and dated by Department Commander and/or Adjutant.