

# SHOULD AULD ACQUAINTANCE REPORT FORM -- 2010

GRANGE \_\_\_\_\_ NO. \_\_\_\_\_

Lecturer or person in charge \_\_\_\_\_

To qualify you must provide assistance to a Convalescent, Nursing or Rest Home at least 6 times during the year. May be programs, gifts, or any type of help the home requests. If unsure of whether or not you qualify, please submit the report and let us decide

**Date** \_\_\_\_\_ Name of Home Visited \_\_\_\_\_

Number of Members Involved \_\_\_\_\_ Number of hours spent \_\_\_\_\_

What did you do? \_\_\_\_\_

**Date** \_\_\_\_\_ Name of Home Visited \_\_\_\_\_

Number of Members Involved \_\_\_\_\_ Number of hours spent \_\_\_\_\_

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**Date** \_\_\_\_\_ Name of Home Visited \_\_\_\_\_

Number of Members Involved \_\_\_\_\_ Number of hours spent \_\_\_\_\_

What did you do? \_\_\_\_\_

If you made more than 6 visits please use back or add a sheet of paper.

**Mail to:** Marge Bernhardt, 424 Cedar Lane, Cheshire, CT 06410 by Oct. 1<sup>st</sup>