



HSC HOUSE VISIT REPORT

THIS REPORT TO BE GIVEN AT MONTHLY HOUSING SERVICES COMMITTEE (HSC) MEETING

1 - Very Poor

2 - Poor

3 - Okay

4 - Good

5 - Excellent

HOUSE NAME:	_____	PHONE #:	_____
PRESIDENT:	_____	SECRETARY:	_____
TREASURER:	_____	COMPTROLLER:	_____
COORDINATOR:	_____	HSC REP:	_____

OVERALL APPEARANCE OF THE HOME:

IS HOUSE CLEAN, DUSTED, GENERALLY WELL TAKEN CARE OF.

FINANCIAL INTEGRITY:

AMOUNT OF RENT PAID TO LANDLORD PER MONTH: _____

ESTIMATED AMOUNT OF UTILITIES EACH MONTH: _____

AMOUNT OF EES PAID BY HOUSE MEMBERS WEEKLY: _____

MEMBERS BEHIND IN EQUAL EXPENSE SHARE (EES): _____

TOTAL AMOUNT OWED HOUSE AT THIS TIME: _____

HOUSE BUSINESS MEETING:

1. READING OF TRADITIONS:
2. READING OF MINUTES:
3. PRESENTATION OF TREASURER REPORT:
4. PRESENTATION OF COMPTROLLER REPORT:
5. PRESENTATION OF COORDINATOR REPORT:
6. MAINTAINS GUIDELINES AND TRADITIONS:
7. HANDLING OF HOUSE BUSINESS/ISSUES:
8. ORGANIZATION, ORDER, & STRUCTURE:

Rating

Comments

COMMENTS:

NARCAN PRESENT: YES / NO MEMBERS TRAINED ON NARCAN: YES / NO

DATE OF 1ST VISIT: _____ DATE OF FOLLOW UP VISIT(S): _____

HSC REP SIGNATURE: _____ # of NARCAN boxes in the house _____

UA's available? _____ Count: _____ NARCAN Location: _____

Exp date: _____