

**OXFORD HOUSES OF VIRGINIA
HOUSE VISIT EVALUATION FORM
HOUSING SERVICE COMMITTEE HOUSE VISIT**

THIS REPORT IS TO BE REVIEWED AT MONTHLY CHAPTER MEETING

RATING SCALE

1-Excellent	2-Good	3-Satisfactory	4-Fair	5-Unsatisfactory
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NAME OF HOUSE: _____ PHONE: _____

HOUSE ADDRESS: _____

OF BEDS: _____ # OF BEDROOMS _____ # OF MEMBERS: _____

NAMES OF HOUSE OFFICERS:	NAME	ELECTED
PRESIDENT		
SECRETARY		
TREASURER		
COMPTROLLER		
CHORE COORDINATOR		
HSC REPRESENTATIVE		
HSC REPRESENTATIVE ALTERNATE		

OVERALL APPEARANCE OF THE HOUSE: _____
 [IS THE HOUSE CLEAN, DUSTED, GENERALLY WELL MAINTAINED, COMMON AREAS, KITCHEN, YARD, OUTSIDE]

HOUSE MEMBERS RENT STATUS: [LIST MEMBERS IN ARREARS & AMOUNT]

MEMBER & AMOUNT: _____

MEMBER & AMOUNT: _____

MEMBER & AMOUNT: _____

[LIST MEMBERS PAID AHEAD A WEEK OR MORE]

MEMBER & AMOUNT: _____

MEMBER & AMOUNT: _____

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AMOUNT OF MONTHLY RENT PAID TO LANDLORD: _____

AMOUNT OF CURRENT WEEKLY *EES* PAID BY MEMBERS: _____

ESTIMATED UTILITY COST PER MONTH: _____

STATUS OF HOUSE BILLS:

ARE ALL HOUSE BILLS CURRENT [Y/N] _____? IF NOT, LIST BILLS & AMOUNT DUE & REASON FOR ARREARS:

HOUSE BUSINESS MEETING:

[USE 1-5 SCALE]

1. READING OF TRADITIONS & RULES AT HOUSE MEETING: _____
2. PRESENTATION OF TREASURER'S REPORT: _____
3. PRESENTATION OF COMPTROLLER'S REPORT: _____
4. PRESENTATION OF COORDINATOR'S REPORT: _____
5. PRESENTATION OF SECRETARY'S REPORT: _____
6. ADHERANCE TO TRADITION GUIDELINES: _____
7. HANDLING OF HOUSE BUSINESS/ISSUES: _____
8. HOUSE MEMBER'S ATTENDANCE AT MEETING: _____

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ARE HOUSE OFFICERS ELECTED EVERY 6 MONTHS [Y/N]? _____

DO THE PRESIDENT, TREASURER & COMPTROLLER COMPLETE THE MONTHLY AUDIT USING THE PROPER FORM [Y/N]? _____ **[ASK TO REVIEW MOST RECENT AUDIT]**

IS THE HOUSE CHECKBOOK PROPERLY SECURED [Y/N]? _____

IS ACCESS TO THE HOUSE CHECKBOOK CONTROLLED BY A HOUSE MEMBER **WHO DOES NOT** HAVE SIGNATURE AUTHORITY ON THE HOUSE CHECKING ACCOUNT [Y/N]? _____

ARE THE MONEY ORDERS & RECEIPTS PASSED AROUND DURING THE TREASURER'S REPORT AT THE HOUSE MEETING [Y/N]? _____

DOES THE HOUSE SHOW THE **60 MINUTES** VIDEO DURING THE INTERVIEW PROCESS [Y/N] _____?

DOES THE HOUSE HAVE CURRENT INTERVIEW QUESTIONS [Y/N]? _____

DOES THE HOUSE HAVE NEW MEMBER PACKETS [Y/N]? _____

DOES THE HOUSE HAVE A PROCEDURE TO WELCOME NEW MEMBERS? [EXPLAIN HOUSE GUIDELINES/ RULES, CUPBOARD SPACE, REFRIGERATOR SPACE, ETC.] Y/N: _____

GENERAL IMPRESSION OF HOUSE MEETING: [ATTENDANCE, ALLOWING ADEQUATE TIME FOR DISCUSSION ON ISSUES, DEMOCRATIC PROCESS, FEELINGS CHECK, ETC.]

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IS THE CHECKBOOK BALANCED AGAINST THE BANK STATEMENT [Y/N]? _____

DOES THE HOUSE USE THE CURRENT OXFORD HOUSE FORMS [Y/N]? _____
[DOES THE HOUSE NEED ANY FORMS?]

DOES THE HOUSE HAVE AN APPROPRIATE NUMBER OF SMOKE DETECTORS [Y/N]? _____

FIRE EXTINGUISHERS [Y/N]? _____ CARBON MONOXIDE MONITORS [Y/N]? _____

ASK FOR A COPY OF CURRENT HOUSE RULES/BYLAWS & LEASE AGREEMENT

NAME OF LANDLORD/PROPERTY MANAGEMENT FIRM, ADDRESS & PHONE NUMBER:

WHAT IS THE HOUSE POLICY FOR DEALING WITH PHONE CALLS FOR INTERVIEWS WHEN THE HOUSE IS FULL?

DOES THE HOUSE HAVE CONTACTS AT LOCAL COMMUNITY REFERRAL AGENCIES [e.g. COMMUNITY SERVICES BOARDS, TREATMENT CENTERS, DETOX CENTERS, PROBATION & PAROLE OFFICES AND OTHER REFERRAL AGENCIES]? WHO IS THE CONTACT? IS THERE A DESIGNATED PERSON RESPONSIBLE FOR CONTACTING THESE AGENCIES? IF SO, WHO?

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DOES THE HOUSE HAVE ANY COMPLAINTS? WHAT COULD THE CHAPTER DO BETTER FOR THE HOUSE?

PROPOSED SOLUTIONS/SUGGESTIONS:

HOUSING SERVICE REP

HOUSING SERVICE REP

HOUSING SERVICE REP

HOUSING SERVICE REP

HOUSING SERVICE REP

HOUSING SERVICE REP

DATE OF VISIT: _____

FOLLOW-UP VISIT DATE: _____