

NORTH CAROLINA

**OXFORD HOUSE MONTHLY
HOUSE VACANCY ACTIVITY**

NAME OF HOUSE _____

YEAR _____

1. ADMISSIONS

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1.	TOTAL NUMBER OF BEDS IN YOUR HOUSE (STATED MAXIMUM CAPACITY)												
2.	NUMBER OF APPLICATIONS RECEIVED DURING THIS MONTH:												
3.	NUMBER OF ADDMISSIONS TO HOUSE DURING THE MONTH:												
4.	TOTAL RESIDENTS AT THE END OF MONTH:												
5.	NUMBER OF VACANCIES END OF MONTH: (LINE 1 MINUS LINE 4)	0	0	0	0	0	0	0	0	0	0	0	0

2. DEPARTURES

1.	NUMBER OF VOLUNTARY DEPARTURES DURING THE MONTH:												
2.	NUMBER OF DEPARTUES DUE TO RELAPSE DURING THE MONTH:												
3.	NUMBER OF DEPARTURES FOR OTHER CAUSES DURING THE MONTH:												
4.	TOTAL NUMBER OF DEPARTURES: (TOTAL OF LINE 1+LINE 2 + LINE 3)	0	0	0	0	0	0	0	0	0	0	0	0

THE SECRETARY OF EVERY OXFORD HOUSE MUST REPORT EVERY MONTH TO YOUR LOCAL OXFORD HOUSE OFFICE OR CHAPTER THEIR MONTHLY VACANCY ACTIVITY REPORT THIS REPORT PROVIDES VITAL INFORMATION ON THE SUCCESS OF THE OXFORD HOUSE PROGRAM AND THE NEED FOR MORE HOUSES. THE SECREATRY OR OTHER DESIGNATED OFFICER SHOULD CALL THIS INFORMATION IN TO **KAREN SUTTON # 919/812-8282 BY THE 3RD OF THE MONTH.** IF THIS IS A LONG DISTANCE NUMBER HAVE THE HOUSE PURCHASE A PRE-PAID PHONE CARD.