We need to quantify our specific accomplishments at each house.
Please indicate which tasks your team undertook, providing numbers and detail where necessary.

**WARM**
- Caulked Windows (# )
- New Storm Windows (# )
- Replaced Full Windows (# )
- Glazed Windows (# )
- Added Insulation (# of rooms )
- Fixed/Replaced Furnace
- Fixed/Replaced Water Heater
- Added Carpet (# of rooms )
- Rebuilt Rotting Floor Boards (# of rooms )
- Drywall/Patching (# of rooms )
- Exterior Painting
- Interior Painting (# of rooms )
- Added Insulation (# of rooms )
- Fixed/Replaced Furnace
- Fixed/Replaced Water Heater
- Added Carpet (# of rooms )
- Rebuilt Rotting Floor Boards (# of rooms )
- Drywall/Patching (# of rooms )
- Exterior Painting
- Interior Painting (# of rooms )

**SAFE**
- Added "Safe Storage" ( )
- Added Security Doors (# )
- Fixed/Replaced Locks (# )
- Fixed/Replaced Doorbell
- Installed/Repaired Fencing
- Added Motion Detector Lights (# )
- Added/Replaced Light Fixtures (# )
- Replaced Outlet Covers (# )
- Rewiring ( )
- Repair Steps (# )
- Installed/Repaired Rails (# )
- Installed Grab Bars (# )
- Added Wheelchair Ramp (# )
- Porch Repair ( )
- Replaced Appliances ( )
- Installed Smoke Detector (# )
- Installed Carbon Monoxide Detector (# )
- Additional Electrical Work:

**DRY**
- Roof Repair ( )
- Sewer Repair ( )
- Water Damage Repair ( )
- Gutter Repair
- Installed Drop Ceiling (# of rooms )
- Repaired/Replaced Sinks (# )
- Repaired/Replaced Shower/Tub (# )
- Repaired/Replaced Toilet (# )
- Replaced Faucets (# )
- Additional Plumbing Work:
Any additional projects?

Were any projects left incomplete?

Please rate your experience with the following:

Homeowner/family:  _____ positive  _____ neutral  _____ negative
Comments:

House Captain Meetings:  _____ positive  _____ neutral  _____ negative
Comments:

Materials ordering and delivery system:  _____ positive  _____ neutral  _____ negative
Comments:

Skilled Labor/Tradespeople:  _____ positive  _____ neutral  _____ negative
Comments:

Rebuilding Together staff assistance:  _____ positive  _____ neutral  _____ negative
Comments: __________________________________________________________

Volunteer Organization(s) ________________________________________________
Lunch sponsors __________________________________________________________
Skilled Trade donors: ______________________________________________________

HOUSECAPTAIN:
Name:  _________________________________________________________________
Company  ______________________________________________________________
Address:  ______________________________________________________________

THANK YOU!
PLEASE RETURN FORM TO John Diedrich 800 Waukegan Road, Glenview, IL 60025
OR FAX TO 847-832-0150