

HOME SERVANTS' MONTHLY REPORT FORM

DO No. 670

Side One

Please fill out on the last day of each month and send copies as follows: original + 1st copy of both this form and FF Report to your KQS along with tithes and special donations; 2nd copy to Service Center Servant; 3rd copy for file. If additional space is required for any section, please use an additional sheet of paper. Please type whenever possible or print neatly with ballpoint pen in English if possible. Thanks! GBY! --Love, M&M, WS & All. "Visit our brethren in every city...and see how they do." --Acts 15:36.

I. HOME NAME: \_\_\_\_\_ (1) PERIOD ENDING \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

2)  Please check (✓) this box if this is the first report from your new Home in a new location.

3)  Please check (✓) this box if your Home mailing address or Servant has changed since your last report.

(Check which of these Servants speak the local language well) Please check the proper box if you are a:  Ideal Home

4) Servant +  Handmaiden  \_\_\_\_\_ (10) Public Phone No. \_\_\_\_\_ Area Code \_\_\_\_\_ Number \_\_\_\_\_  Associate Home (DF0)

5) Servant +  Handmaiden \_\_\_\_\_ First and Last Bible Names \_\_\_\_\_ (11) Private Phone No. \_\_\_\_\_  Friendly Home (GP) Please explain No13 or14 if checked

6) Street Address \_\_\_\_\_ (Please give your full street address exactly as it should appear on our files)  Catacomb Home

7) Address Mail to: \_\_\_\_\_ (Please give your complete mailing name and address exactly as it should appear on your mail)  Pioneer Home (Under 1 yr. see 650:62--63) Date Opened: \_\_\_\_\_

8) Names of your Home Visiting Servants: \_\_\_\_\_ (9) Date of Last Visit: \_\_\_\_\_

II. PERSONNEL: (IMPORTANT: Please put a (✓) next to each person's name who is new to your Family since your last report. Include all personnel presently based at your Home in the space below. (Temporary guests need not be included.) This form is to be used by both Live-in and Catacomb Families. (Live-in Homes please list Catacombers on Page 2, Section IX.)

BIBLE NAME	LEGAL NAME	SEX	AGE	JOB	PASSPORT NATIONALITY/COUNTRY OF BIRTH	SIGNATURE: (Sign here if you have read + approved this report.)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

III. POPULATION:

1) No. of Mated Men (Live-in)		20) Mass (Offered Lit or Saw H.G. Sample)	
2) No. of Mated Women (Live-in)		21) Personal (Shared with Personally, Phone or Mail)	
3) Single Men (12 yrs + over, Live-in)		22) Visitors	
4) Single Women (12 yrs + over, Live-in)		23) Media (Estimated Outreach of TV, Radio + News ARTICLES)	
TOTAL ADULTS (Live-In)		24) TOTAL WITNESSED TO (Mass+Personal+Visitors+Media)	
5) Total Boys (Children under 12)		25) News Items (No. of individual Printed ARTICLES)	
6) Total Girls (Children under 12)		26) No. T.V. + Radio Shows + Broadcast News Items	
7) TOTAL CHILDREN (Total Boys + Total Girls)		27) LITERATURE DISTRIBUTED	
8) TOTAL LIVE-IN MEMBERS (Tot. Childn.+Tot. Adlts)		28) CONVERTS (Received Jesus)	
9) TOTAL CATACOMB DISCIPLES		29) BAPTISMS (Received Holy Ghost)	
10) TOTAL FAMILY MEMBERSHIP (Cat.+Live-In)		30) DEATHS (Graduation--Hallelujah!)	

POPULATION BREAKDOWN: (Please include your "Total Family Membership" Both Live-In and Catacomb Disciples. Thanks!)

11) Babies (From Newborn to 1 yr)		31) New Mated Men (Live-In)	
12) Toddlers (1 to 2 yrs.)		32) New Mated Women (Live-In)	
13) Children 3 to 5 yrs.		33) New Single Men (Live-In)	
14) Children 6 to 12 yrs.		34) New Single Women (Live-In)	
15) Adult Leadership Trainees (Over 1 yr. in the Family)		35) New Live-In Children (Newborn to 12 yrs.)	
16) Adult Disciples (Over 6 months but under 1 year)		36) Births in the Family (Give name, parents, date!)	
17) Adult Babes (Under 6 months in the Family)		37) New Catacomb Disciples	
18) BETHROTHALS (Give Names + Dates)		38) TOTAL GAINS (New Disciples)	
19) DIVORCES OR PERMANENT SEPARATION			

IV. CASH GIFTS RECEIVED:

Name	Local Currency	Amount in Local Currency	LOSSES:
1) Mail Ministry Income			39) Total Backsliders (Live-Ins under 3 months)
2) Provisioning Income			40) Total Graduates (Live-Ins over 3 months)
3) Lit Income from Street Sales			41) Total Catacomb Losses
4) Income from Forsake-Alls			42) TOTAL LOSSES (Backsliders + Grads+ Cat. Losses)
5) Other (Gifts, Wages, Pioneer Donations etc.)			43) NET GAIN OR LOSS (Gains Minus Losses)
6) TOTAL INCOME FROM ALL SOURCES			

WORLD SERVICES DONATION: "We suggest you give WS a minimum gift of at least the bare 10% of your total income. Families which do not meet at least this bare minimum of a 10% donation to World Services of at least their total literature income each month should hereafter be reclassified as only Associates." (Our New Colony Rules Summarised! 657:57) (List Amounts in the actual currency enclosed in this report.)

7) \_\_\_\_\_ Is the amount of my 10% Tithe enclosed for the Worldwide Work and Publications of our World Services, M+M + Staff Support.

8) \_\_\_\_\_ Is the amount of a special gift in addition to our 10% tithe to be used for: (Please specify)

9) \_\_\_\_\_ Is the amount of my total donations enclosed.  Check this box if you are not financially able to send a donation at this time and briefly describe why: \_\_\_\_\_

Our Family also gave the following donations:  Local Pioneering  Other  (12) Visiting Servants \_\_\_\_\_

We understand that a few may not be able to afford to send in their donation at this time; just give what you can to help us. Please try to be as faithful as possible to help print more MO in the future and continue to help needy fields. Thank you so much for your help in making our World Services a blessing to all! God Bless and keep you and continue to make you a blessing! We love you! (Please complete and Servants sign Side Two of this sheet also. --Thanks!)

V. PLEASE ANSWER THE FOLLOWING:

1. How many WS mailings did you get this month? Explain any problems with mailings: \_\_\_\_\_
2. Has each person in your Home read all new MO Letters + Publications that you received? \_\_\_\_\_
3. Has each person read at least one MO Letter each day? \_\_\_\_\_
4. Have you had at least one or more united meetings each week and read all new MO Letters together? \_\_\_\_\_
5. Were you visited by your Home Visiting Servants this month? \_\_\_\_\_
6. How many "No's" do you have on your Family of Love Home Checklist? (ML No.660) \_\_\_\_\_
7. Has some of your Family FFed at least once a week this month? \_\_\_\_\_

VI. PUB NO.	NEW MO LETTER/OTHER PUB. REACTION	PUB. NO.	NEW MO LETTER/OTHER PUB. REACTION
a)		i)	
b)		j)	
c)		k)	
d)		l)	
e)		m)	
f)		n)	
g)		o)	
h)		p)	

VII. LIT SHINERS		LIVE-IN DISCIPLE SHINERS		CATACOMB DISCIPLE SHINERS	
Name	Amt. Dist'd	Name	No. Won	Name	No. Won
1.		4.		7.	
2.		5.		8.	
3.		6.		9.	

VIII. BACKSLIDERS + GRADUATES If anyone backslid or graduated from your Home, either Live-In or Catacomb, please fill out below so they can be included in a MO-Mailing List. (Along with your report, please send an explanation and photo, if possible, of any undesirable backslider or graduate.)

	First and Last Bible Name	First & Last Legal Name	Attitude	Present Address
1.				
2.				
3.				

IX. CATACOMB PERSONNEL (Please list all Catacomb Personnel based at your Home. --To be completed by Live-In Homes only)

	Bible Name	Legal Name	Age	Attitude	Bible Name	Legal Name	Age	Attitude
1.					9.			
2.					10.			
3.					11.			
4.					12.			
5.					13.			
6.					14.			
7.					15.			
8.					16.			

X. VICTORIES (Please describe your 3 greatest victories this month):

XI. PROBLEMS (Please list your 3 biggest problems, legal or otherwise, this month):

XII. HOME EXPENSES THIS PAST MONTH! (In Local Currency)  
(Simply transfer these items from your financial records or ledger for the month--always keep one!)

1. RENT or PAYMENTS: \_\_\_\_\_
2. FURNITURE: \_\_\_\_\_
3. FURNISHINGS: (Linens, Bedding, Silver, pots, etc.): \_\_\_\_\_
4. OTHER HOUSEHOLD ITEMS: (Washing & Gardening supplies etc.) \_\_\_\_\_
5. HOUSE REPAIRS: \_\_\_\_\_
6. UTILITIES: (Lights, gas, fuel, water, etc.): \_\_\_\_\_
7. FOOD, Groceries: \_\_\_\_\_  
FOOD, Meals out: \_\_\_\_\_  
FOOD, Wine + Liquor: \_\_\_\_\_
8. TRANSPORT, Your private vehicle: \_\_\_\_\_  
TRANSPORT, Public: \_\_\_\_\_  
TRANSPORT, Taxis: \_\_\_\_\_
9. CLOTHING (New or Used + Repairs): \_\_\_\_\_
10. SCHOOL SUPPLIES: \_\_\_\_\_
11. OFFICE SUPPLIES: \_\_\_\_\_
12. MEDICAL + DENTAL COSTS (Medication, treatment, Dr., Nurse, Hospital, Clinic, etc.): \_\_\_\_\_
13. PERSONAL ITEMS (Toiletries, Kotex, Glasses & Misc. Needs): \_\_\_\_\_
14. LEGAL COSTS (Fines, Court Cases, Lawyers, Contracts, Legal Papers, etc.): \_\_\_\_\_
15. LIT (MO Letters + Books + NNN's etc. for distribution): \_\_\_\_\_  
From Service Center: \_\_\_\_\_  
From GLP, Hong Kong: \_\_\_\_\_  
System Printed: \_\_\_\_\_  
Printed in Our Shop: \_\_\_\_\_
16. FFING, Equipment (Dress, Jewelry, perfume, make-up, etc.): \_\_\_\_\_  
FFING, Expenses (transport, admissions, drinks, snacks, tips, rooms, etc.): \_\_\_\_\_
17. SYSTEM READING MATERIAL (Books, papers, magazines, etc.): \_\_\_\_\_
18. TV's, RADIOS, TAPE RECORDERS, CAMERAS, TAPES, FILMS, BATTERIES, WATCHES, etc.: \_\_\_\_\_
19. CINEMA MOVIES, PLAYS, CONCERTS, SHOWS, ENTERTAINMENT etc.: \_\_\_\_\_

HOME EXPENSES THIS PAST MONTH (Cont'd)

20. TOTAL MONTH'S EXPENSES: \_\_\_\_\_
21. TOTAL MONTH'S INCOME: \_\_\_\_\_
22. TOTAL MONTH'S DIFFERENCE (+ or -): \_\_\_\_\_

XIII. COMMENTS, SUGGESTIONS, ETC. (This space is for you!):

These are the facts or estimates to the best of my knowledge, so help me God!--In Jesus Name, Amen.

Signatures of Servants \_\_\_\_\_ Signature of Typist \_\_\_\_\_