



# BED OCCUPANCY QUARTERLY REPORT

## LICENSED

|                            |  |                    |  |      |            |
|----------------------------|--|--------------------|--|------|------------|
| Provider Organization Name |  | Phone              |  | Date |            |
| Individual Completing Form |  | Individual's Email |  |      | mm/dd/yyyy |

*If your organization has multiple sites, please list each site on a separate line.*

|    | Facility (Site) Name | Facility Address<br><i>(Street, City, State, Zip+4)</i> | Total # of Licensed Beds | # of Licensed Beds Available | # of Beds Filled w/ Trillium Members |
|----|----------------------|---|--------------------------|------------------------------|--------------------------------------|
| 1  |                      |   |                          |                              |                                      |
| 2  |                      |   |                          |                              |                                      |
| 3  |                      |   |                          |                              |                                      |
| 4  |                      |   |                          |                              |                                      |
| 5  |                      |   |                          |                              |                                      |
| 6  |                      |   |                          |                              |                                      |
| 7  |                      |   |                          |                              |                                      |
| 8  |                      |   |                          |                              |                                      |
| 9  |                      |   |                          |                              |                                      |
| 10 |                      |   |                          |                              |                                      |
| 11 |                      |   |                          |                              |                                      |
| 12 |                      |   |                          |                              |                                      |
| 13 |                      |   |                          |                              |                                      |
| 14 |                      |   |                          |                              |                                      |
| 15 |                      |   |                          |                              |                                      |
| 16 |                      |   |                          |                              |                                      |
| 17 |                      |   |                          |                              |                                      |
| 18 |                      |   |                          |                              |                                      |

Please send all completed reports to: [Mekia Shoular, \(Mekia.Shoulars@TrilliumNC.org\)](mailto:Mekia.Shoulars@TrilliumNC.org)  
 Trillium Network Liaison  
 P 1-866-998-2597 F (252) 215-6880



# BED OCCUPANCY QUARTERLY REPORT

## UNLICENSED

|                                   |  |                           |  |             |            |
|-----------------------------------|--|---------------------------|--|-------------|------------|
| <b>Provider Organization Name</b> |  | <b>Phone</b>              |  | <b>Date</b> |            |
| <b>Individual Completing Form</b> |  | <b>Individual's Email</b> |  |             | mm/dd/yyyy |

*If your organization has multiple sites, please list each site on a separate line.*

|    | Facility (Site) Name | Facility Address<br>(Street, City, State, Zip+4) | Total # of<br>Unlicensed<br>Beds | # of<br>Unlicensed<br>Beds<br>Available |
|----|----------------------|--|----------------------------------|---|
| 1  |                      |  |                                  |   |
| 2  |                      |  |                                  |   |
| 3  |                      |  |                                  |   |
| 4  |                      |  |                                  |   |
| 5  |                      |  |                                  |   |
| 6  |                      |  |                                  |   |
| 7  |                      |  |                                  |   |
| 8  |                      |  |                                  |   |
| 9  |                      |  |                                  |   |
| 10 |                      |  |                                  |   |
| 11 |                      |  |                                  |   |
| 12 |                      |  |                                  |   |
| 13 |                      |  |                                  |   |
| 14 |                      |  |                                  |   |
| 15 |                      |  |                                  |   |
| 16 |                      |  |                                  |   |
| 17 |                      |  |                                  |   |
| 18 |                      |  |                                  |   |

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