Next Calendar Day Home Visit Form

PA Name:		Case #:	Home Visit Check Conducted by:	
Other Adult Members:			DOA:	Date Conducted:
Case Size:	# of Occupants:	# of Bedrooms:	Temporary (T) or Permanent (P) Housing:	
Address:				

A. Housing Orientation

Demonstrate How to Use:

☐ Stove/Oven	☐ Lights in Each Room
☐ Refrigerator/Freezer (appropriate food storage)	☐ All Door Locks (interior and exterior doors)
☐ Shower/Bath	☐ All Windows, Window Locks, and Screens
☐ Hot/Cold Water	☐ Doorbell or Intercom System
☐ Toilet	☐ Mailbox (location/key)
☐ Heating and Air Conditioning (appropriate temperature settings)	☐ Home Telephone and/or Cell Phone
	☐ Any Other Appliances:

Ask the following (or similar) questions to ensure understanding of housing orientation.

Can you tell/show me how to make the temperature warmer or colder in your home?	☐ Yes	☐ No
Can you tell/show me how to ensure the stove/oven is turned off when you are done using it?	☐ Yes	☐ No
Can you show me how to lock/unlock the door/s to enter your home?	☐ Yes	☐ No

Note any housing orientation topics which need additional review to ensure understanding:

B. Assessment of Condition of Housing

Ask the following three questions to identify housing issues. Please note any issues in space below.

Have you noticed anything in your home which is not working properly?	☐ Yes	☐ No	
Do you have any questions or concerns about your home?	☐ Yes	☐ No	
Do you feel safe in your home and neighborhood?	☐ Yes	☐ No	

Inspect home to identify any housing issues and respond to questions below. If checking yes, describe in space below.

Does the home have any visible health or safety hazards (mold, insects, etc.)?	☐ Yes	☐ No	
Are there any missing furniture/household items (see home supply list)?	☐ Yes	☐ No	
If a member of the case has a physical disability, does the home meet his/her needs?	☐ Yes	☐ No	☐ N/A

Note any repairs or maintenance needed, missing furniture/household supplies, or other concerns/issues:

C. Safety Procedures and Emergency Contacts
Review the following information with client/s.

☐ How to safely answer the door/check who is at the door
☐ Importance of keeping doors to the outside locked
☐ Safety regarding keeping windows open/closed and locked
☐ Smoke Detector (explain sound of alarm, low battery, and what to do if it goes off when cooking)
☐ Fire Extinguisher (if required, show location and how to use)
☐ Emergency escape routes (from housing)
☐ When and how to call 911 (provide written copy)
☐ How to contact case worker/agency staff
☐ Client address and phone number (provide written copy to each adult client) ☐ Adult 1 ☐ Adult 2
☐ Safety precautions for client/s with children ☐ N/A
    ☐ Appropriate supervision of children
    ☐ Car/child safety seat and seat belt requirements

Ask the following (or similar) questions to ensure understanding of safety procedures and emergency contacts.

	Did client/s demonstrate understanding?
What number would you call if there was an emergency (such as a medical emergency)?	☐ Yes ☐ No
What would you do if the smoke detector alarm went off?	☐ Yes ☐ No

Note any topics and information which need additional review to ensure client understanding:

D. Assessment of Welfare and Basic Immediate Needs	
Ask the following questions to determine if basic immediate needs have been met.	
Do you or any of your family members have urgent medical or medication needs?	☐ Yes ☐ No
Do you have a supply of food or money to purchase food?	☐ Yes ☐ No
Do you know when you will get more food?	☐ Yes ☐ No
Do you have enough food to last until that time?	☐ Yes ☐ No
Do you have seasonal clothing for your immediate needs (including footwear)?	☐ Yes ☐ No
Have you been provided with pocket money?	☐ Yes ☐ No
Do you need diapers or baby food (as applicable)?	☐ Yes ☐ No ☐ N/A
Do you have any other needs or concerns?	☐ Yes ☐ No
Note any concerns or follow up needed regarding provision of basic needs:	

Case Worker or Home Visit Provider Name: ______________________________________

Case Worker or Home Visit Provider Signature: ___________________________________ Date: ____________________