

30 Day Home Visit Form

PA Name:		Case #:	Home Visit Conducted By:	
Case Size:	DOA:	# of Occupants:	# of Bedrooms:	Date Conducted:
Address:			Temporary (T) or Permanent (P) Housing:	

A. Housing Orientation

Demonstrate How to Use:

- | | |
|--|--|
| <input type="checkbox"/> Laundry (if applicable)
<input type="checkbox"/> Pilot light in oven & stove
<input type="checkbox"/> Turn off gas behind stove
<input type="checkbox"/> Change battery in Smoke Alarm & CO ₂ Alarm | <input type="checkbox"/> All Door Locks (interior and exterior doors)
<input type="checkbox"/> All Windows, Window Locks, and Screens
<input type="checkbox"/> Doorbell or Intercom System
<input type="checkbox"/> Turn off water for toilet and sinks |
|--|--|

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

B. Assessment of Condition of Housing

- | | | |
|---|------------------------------|-----------------------------|
| Have you noticed anything in your home which is not working properly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any questions or concerns about your home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you feel safe in your home and neighborhood? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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
- 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)
- 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.

	<i>Did client/s demonstrate understanding?</i>
What number would you call if there was an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What would you do if the smoke detector alarm went off?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your phone number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How can you contact your case manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How can you contact IRIS if there is an emergency on the weekend?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Case Worker Name: _____ Signature: _____ Date: _____