

First Home Visit Form

Clients must receive at least two home visits within thirty days of arrival, to the extent possible, which shall include an assessment of the welfare, living conditions and any current or expected needs of the program beneficiary(ies), and assistance with any material needs. Cases must be visited within 48 hours of arrival. If this initial home visit is conducted virtually, every effort should be made to ensure the second home visit is conducted in-person, as circumstances allow, and ideally within 14 days of arrival. Otherwise, the second home visit should occur within thirty days of arrival, to the extent possible.

PA Name:		Case Number:	
Date of Arrival:		Case Size:	

If client answers "No" to any question, detail what follow-up will take place in case notes.

Housing Orientation

Confirm the client(s) understand how to use the following items (Y/N/NA)

Stove/Oven		Lights in each room	
Refrigerator/Freezer		Door Locks (<i>interior and exterior</i>)	
Hot/Cold Water		Smoke Detector	
Heating and Air Conditioning		Fire Extinguisher (<i>if required</i>)	
Home Telephone and/or Cellphone		Other (<i>other appliances, laundry facilities, garbage, etc.</i>)	
Windows, Locks and Screens			

Assessment of Condition of Housing

Ask the following two questions to identify any housing issues (Y/N)

Is everything in your home working properly?	
Have your questions or concerns regarding housing been addressed?	

Safety Procedures and Emergency Contacts

Confirm the following items were reviewed with client(s) (Y/N/NA)

How to safely answer the door/check who is at the door	
Importance of keeping windows and doors to the outside locked	
Emergency escape routes (<i>from housing</i>)	
When and how to call 911 (<i>provide written copy</i>)	
How to contact case worker/agency staff (<i>provide written copy</i>)	
Client(s) address and phone number (<i>provide written copy</i>)	
Safety precautions for client(s) with children, including appropriate supervision of children	
Seat belt requirements and car/child safety seat requirements for client(s) with children	

Assessment of Welfare and Basic Immediate Needs

Ask the following questions to determine if basic immediate needs have been met (Y/N/NA)

Do you and your family members have enough medication to meet your current needs?	
Have you been provided with food?	
Have you and all adult members of your family been provided with pocket money?	
Do you and your family have seasonal clothing to meet your immediate needs (<i>including footwear</i>)?	
Do you need (<i>or</i>) have you been provided with diapers and baby food (<i>if applicable</i>)?	

Do you have any immediate needs or concerns?

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Notes

This section can address any concerns & follow up for the entire form.

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Signatures

Date:	
Co-Sponsor Name:	
Co-Sponsor Signature:	