

Second Home Visit Form

PA Name:		Case Number:	
Date of Arrival:		Case Size:	
Number of Occupants:		Number of Bedrooms:	
<i>If client answers "No" to any question, detail what follow-up will take place in case notes.</i>			
Housing Orientation			
Ask the following (or similar) questions to ensure understanding of housing orientation (Y/N/NA)			
Can you tell / show me how to make the temperature warmer or colder in your home?			
Do you know when you will be responsible to pay rent? Utilities? <i>(if applicable)</i>			
Assessment of Condition of Housing			
Ask the following three questions to identify any housing issues (Y/N)			
Is everything in your home working properly?			
Do you and your other family members feel safe in your home and neighborhood?			
Is your home free of visible health or safety hazards like mold or pests?			
Safety Procedures and Emergency Contacts			
Confirm the following items were reviewed with client(s) (Y/N/NA)			
Importance of keeping windows and doors to the outside locked			
Smoke Detector <i>(explain sound of alarm, low battery, what to do if it goes off)</i>			
Fire Extinguisher <i>(if required, show location and how to use)</i>			
Emergency escape routes <i>(from housing)</i>			
When and how to call 911			
How to contact case worker/agency staff			
Client(s) address and phone number <i>(provide written copy)</i>			
Safety precautions for client(s) with children, including appropriate supervision			
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 all adult family members know where to purchase food?			
Do you know where to access additional clothing and footwear, if needed?			
Does everyone in your family have a Social Security Card? If not, have you applied?			
Is your family receiving public cash assistance benefits?			
Is your family receiving SNAP <i>(food stamps)</i> benefits? If so, have you activated your card?			
Does your family have medical health insurance?			
Has everyone in your family had a medical appointment?			
Have you <i>(and all employable adults)</i> been provided with information on employment services?			
Are you and all adult members of your family enrolled in ESL classes?			
Have you or your family applied for or been assisted in enrolling in other services, as eligible? <i>(WIC, SSI, etc.)</i>			
Have all eligible adult males <i>(age 18-25)</i> registered for Selective Service?			
If you are driving or plan to drive, are you aware of local driving laws?			
Do you have any immediate needs or concerns?			

Note: this section can address any concerns & follow up for the entire form, including items that will be provided before the 90th day.

Signatures

Date:

Staff Member Name:

Staff Member Signature: