

Next Calendar Day Home Visit

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>)	
Shower/Bath		Windows, Locks and Screens	
Hot/Cold Water		Smoke Detector	
Toilet		Fire Extinguisher (<i>if required</i>)	
Heating and Air Conditioning		Doorbell or Intercom System (<i>if applicable</i>)	
Trash removal		Mailbox (<i>location and key</i>)	
Home Telephone and/or Cellphone		Other (<i>other appliances, laundry facilities, etc.</i>)	

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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Note: this section can address any concerns & follow up for the entire form.

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Signatures

Date:	
Staff Member Name:	
Staff Member Signature:	