

Next Calendar Day Home Visit			
PA Name:		Case Number:	
Date of Arrival:		Case Size:	
Number of Occupants:		Number of Bedrooms:	
Housing Type: <i>Temporary or Permanent</i>		Additional Home Visit due to move in R&P service period (Y/N)	
<i>If client answers "No" to any question, detail what follow-up will take place in case notes.</i>			
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</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 anything in the home not working properly (locks on doors, windows/appliances/heat/water etc.)			
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>)			
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 a 30 day supply of medication?			
Have you been provided with food?			
Does anyone have any immediate health concerns?			
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?			
Note: this section can address any concerns & follow up for the entire form.			

Signatures	
Date:	
Staff Member Name:	
Staff Member Signature:	