

Second Home Visit

PA Name:		Case Number:	
Date of Arrival:		Case Size:	
Number of Occupants:		Number of Bedrooms:	
Housing Type: <i>Temporary or Permanent</i>			

Assessment of Condition of Housing

Ask the following (or similar) questions to ensure understanding of housing orientation	(Y/N/NA)	Action Steps
Is everything in your home working properly?		
Can you tell / show me how to make the temperature warmer or colder in your home?		
Are all your lights working?		
Do you have running cold and hot water?		
Are you comfortable using the stove/oven?		
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)	Action Steps
Do you and your other family members feel safe in your home and neighborhood?		
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)	Action Steps
Do you know when you will be responsible to pay rent? Utilities? (<i>if applicable</i>)		
Do all adult family members know where to purchase food?		
Do you know where to access additional clothing and footwear, if needed?		

Have you been provided with pocket money, if yes how much and how often?		
Is your family receiving (monthly) public cash assistance benefits?		
Is your family receiving SNAP (<i>food stamps</i>) benefits yet? Have you activated your card?		
Has everyone in your family received confirmation of medical insurance approval or insurance card yet?		
Has everyone in your family had a medical appointment (<i>initial health screening</i>) yet? Do you have a Primary Care Physician?		
Is your immunization record up-to-date?		
Have all children ages 5+ yrs. been enrolled in school?		
Have you (<i>and all employable adults</i>) been provided with information on employment services?		
Have you and all adult members of your family been enrolled in ESL classes yet?		
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>ages 18-25</i>) registered for Selective Service?		
Do you know how to change your address with USCIS and Selective Service?		
Have you been provided information on family reunification?		
Does everyone in your family have their personal documentation (<i>Social Security, EAD and or Green Cards</i>)		
Do you know how to use public transportation? Do you know of other transportation options you can access?		
If you are driving or plan to drive, are you aware of local driving laws?		
Do you have an immediate needs and/or concerns?	(Y/N/NA)	Action Steps
Signatures		
Date:		
Staff Member Name:		
Staff Member Signature:		