

First Home Visit Form			
PA Name:		Case Number:	
Housing Type: <i>Temporary or Permanent</i>		Additional Home Visit due to move in R&P service period (Y/N)	
Housing Orientation Confirm case members know how to use appliances and understand household features			
Kitchen	(Y/N/NA)	Home Safety	(Y/N/NA)
Stove/Oven		Door Locks (<i>interior and exterior</i>)	
Refrigerator/Freezer		Windows- Locks and Screens	
Hot/Cold Water		Smoke Detector	
Other appliances (<i>as applicable</i>)		Fire Extinguisher (<i>if required</i>)	
Bathroom	(Y/N/NA)	Other Items to Review	(Y/N/NA)
Shower/Bath		Mailbox (<i>location and key</i>)	
Hot/Cold Water		Location of cleaning supplies	
Toilet		Trash removal	
Location of hygiene items & supplies		Lights in each room	
Housing and Maintenance Needs			(Y/N)
Is anything in the home broken or not functioning properly?			
Have your questions or concerns regarding housing been addressed?			
Safety Procedures and Emergency Contacts			
Confirm the following items were reviewed			(Y/N)
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)
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>)?			
The following was provided to the client <u>upon arrival</u>:			(Y/N)
How and when to contact emergency services, should it be necessary			
How to contact case worker/agency staff			
Client(s) address and phone number			
Detail any needed follow up after completing the First Home Visit			
Signatures			
Date Home Visit Completed:			
Staff Member Name:			
Staff Member Signature:			