

**HOME VISIT REPORT within 48 hours of arrival at final destination (APA) **

*This is a required form.**This form* ***must*** *also be used when conducting home visits cases that have moved from temporary to permanent housing or from permanent housing to another dwelling.*

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| **Date of Visit** | **Principal Applicant’s Name** | | | | **Case Number** |
|  |  | | | |  |
| **Case Size** | **Case Address**(This housing is  temporary  permanent) | | | | |
|  |  | | | | |
| **Names of individuals present during home visit** | | | | | |
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|  | |  | |  |  |
| **Language interpretation provided by** | | | Interpreter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program Staff who speaks native or common language of the case  N/A - All adults present have a strong command of English | | |

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| **Assessment of case’s well-being** *(Includes notes on safety, physical & mental health, hygiene etc.)* |
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| **Identification of and response to immediate concerns** *(Such as immediate health, food, or shelter concerns)* |
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| **Other issues discussed during home visit** |
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| **Was the initial housing and personal safety orientation provided?** | | Yes  No |
| ***Indicate which topics were covered***  *Operating:*  Electricity  Water  Heat  Stove/oven  Locks (windows/doors)  Smoke detector  *Operating (if applicable):*  Washer/Dryer  Garbage disposal  Thermostat  Gas  Fire extinguisher  *Personal Safety:*  Emergency exits  Local weather patterns/issues  Disposing of trash  Child safety issues  Food Storage  Pest control | | |
| Comments |  | |
| Follow-up |  | |
| **Was agency emergency contact information and instructions on how to contact emergency services provided?**  9-1-1  Agency contact | | Yes  No |
| Comments |  | |
| Follow-up |  | |
| **Was the case provided a written copy of their address and phone number in English?** | | Yes  No |
| Comments |  | |
| Follow-up |  | |
| **Was the case provided sufficient food/food allowance until they receive food stamps?** | | Yes  No |
| Comments |  | |
| Follow-up |  | |
| **Are there any additional core furnishings or supplies needed for the case?** | | Yes  No |
| Comments |  | |
| Follow-up |  | |
|  | | |
| **Additional comments:** | | |
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| Home visit conducted by: | | |  |  |
| Name: |  | | | Title: |
| Signature: | |  | | Date: |