

**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** |
|  |  |  |  |
|  |  |  |  |
| **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:  |