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**APA 30-Day Home Visit Report**

*To be completed within 30 days of arrival at final destination. This is a required form.*

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| **Date of Visit** | **Principal Applicant’s Name** | **Case Number** |
|  |  |  |
| **Case Size** | **Case Address** |
|  |  |
| **Names of individuals present during home visit** |
|  |  |  |  |
|  |  |  |  |
| **Language interpretation provided by** | [ ]  Interpreter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  N/A - All adults present have a strong command of English[ ]  N/A - Case Manager speaks native or common language of the case |

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| **Provide an assessment of case’s well-being** *(Include notes regarding safety, physical & mental health, hygiene, etc.)* |
|  |
| Follow-up:  |
| **Provide an assessment of the appearance/condition of housing**  |
|  |
| Follow-up: |
| **Do all adults present understand the effects of moving to another city?***(Case Managers must provide this information even if the case has no plans to move)* | [ ]  Yes [ ]  No |
| *Review types of assistance that may* ***not*** *be provided if the case out-migrates:*[ ] Housing [ ]  Furniture [ ]  Money [ ]  Food [ ]  Applying for benefits [ ]  School enrollment |
| Comments |  |
| Follow-up |  |
| **Do all adults present know their address, how to make a phone call, and how they can be contacted?** | [ ]  Yes [ ]  No |
| Comments |  |
| Follow-up |  |
| **Do all adults present understand the process regarding bringing family members to the United States?** | [ ]  Yes [ ]  No |
| Comments |  |
| Follow-up |  |
| **Are all adults present connected to or know how to access systems of support?**  | [ ]  Yes [ ]  No |
| *Indicate which systems the case can navigate:*[ ]  Transportation [ ]  Healthcare [ ]  Interpretation [ ]  Contacting emergency services [ ]  Obtaining food  |
| Comments |  |
| Follow-up |  |
| **As appropriate, are all adults in the case participating in English language (ESL) services?** | [ ]  Yes [ ]  No[ ]  N/A |
| Comments |  |
| Follow-up |  |
| **As appropriate, are all adults in the case participating in employment services?** | [ ]  Yes [ ]  No[ ]  N/A |
| Comments |  |
| Follow-up |  |
| **As appropriate, are school age children enrolled in school?** | [ ]  Yes [ ]  No [ ]  N/A |
| Comments |  |
| Follow-up |  |
| **Are there any core services that have *not* yet been completed?** | [ ]  Yes [ ]  No |
| *Indicate these services:* |
| Comments |  |
| Follow-up |  |
| **Additional comments:** |
|  |

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| Home visit conducted by: |  |  |
| Name: |  | Title: |
| Signature: |  | Date: |