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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: |