# 30 Day Home Visit Form

<table>
<thead>
<tr>
<th>PA Name:</th>
<th>Case #:</th>
<th>Home Visit Conducted By:</th>
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<tbody>
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<thead>
<tr>
<th>Case Size:</th>
<th>DOA:</th>
<th># of Occupants:</th>
<th># of Bedrooms:</th>
<th>Date Conducted:</th>
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<table>
<thead>
<tr>
<th>Address:</th>
<th>Temporary (T) or Permanent (P) Housing:</th>
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## A. Housing Orientation

*Demonstrate How to Use:*

- [ ] Laundry (if applicable)
- [ ] Pilot light in oven & stove
- [ ] Turn off gas behind stove
- [ ] Change battery in Smoke Alarm & CO₂ Alarm
- [ ] All Door Locks (interior and exterior doors)
- [ ] All Windows, Window Locks, and Screens
- [ ] Doorbell or Intercom System
- [ ] Turn off water for toilet and sinks

*Note any housing orientation topics which need additional review to ensure understanding:*

## B. Assessment of Condition of Housing

- Have you noticed anything in your home which is not working properly? [ ] Yes [ ] No
- Do you have any questions or concerns about your home? [ ] Yes [ ] No
- Do you feel safe in your home and neighborhood? [ ] Yes [ ] No

*Note any repairs or maintenance needed, missing furniture/household supplies, or other concerns/issues:*

## C. Safety Procedures and Emergency Contacts

*Review the following information with client/s:*

- [ ] How to safely answer the door/check who is at the door
- [ ] Safety regarding keeping windows open/closed and locked
- [ ] Smoke Detector (explain sound of alarm, low battery, and what to do if it goes off when cooking)
- [ ] Fire Extinguisher (if required, show location and how to use)
- [ ] Safety precautions for client/s with children [ ] N/A
- [ ] Appropriate supervision of children
- [ ] Car/child safety seat and seat belt requirements

*Ask the following (or similar) questions to ensure understanding of safety procedures and emergency contacts.*

<table>
<thead>
<tr>
<th>Did client/s demonstrate understanding?</th>
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<tr>
<td>[ ] Yes [ ] No</td>
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- What number would you call if there was an emergency? [ ] Yes [ ] No
- What would you do if the smoke detector alarm went off? [ ] Yes [ ] No
- What is your address? [ ] Yes [ ] No
- How can you contact your case manager? [ ] Yes [ ] No
- How can you contact IRIS if there is an emergency on the weekend? [ ] Yes [ ] No

*Note any topics and information which need additional review to ensure client understanding:*

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Case Worker Name: __________________________ Signature: __________________________ Date: __________

IRIS Revised 3/17/16 KW, Based on CWS/EMMM/LIRS Next Calendar Day Home Visit Form