Home Visit Summary In Home

Next court date: _____
Next staffing date: _____

To Do/Share:
1_____ 4_____
2_____ 5_____
3_____

Case Name: _____Date/Time:_____ **Announced or Unannounced** (Circle One)
Address: _____
Condition/Description of the Home: _____
Caregivers' Name: _____ Relationship to Child(ren) _____

Household Member/Visitor	Seen		Interviewed Privately (1yr+ required)	
Child:	Y	N	Y	N
Child:	Y	N	Y	N
Child:	Y	N	Y	N
Child:	Y	N	Y	N
Adult:	Y	N	Y	N
Adult:	Y	N	Y	N
Other:	Y	N	Y	N

CHILD(REN)

What did child(ren) say during individual interview (including demeanor):_____
_____
_____
_____
_____

Child(ren)'s physical appearance, observations of interactions with HH members, concerns & needs identified:
_____
_____
_____
_____

School updates/issues: Y / N, Current School: _____ Grade Level _____ IEP?: Y/N Records Obtained? Y/N
Change in school: Y/N
Have there been any medical, dental and/or vision appointments since the last home visit? Y/N Records obtained? Y/N
Are there any medical, dental and/or vision appointments scheduled? Y / N If so, when? _____
Current Primary Care Physician: _____ Current Dental Provider: _____
Current Therapist (Agency/Provider): _____ Dates of Services: _____
Is child(ren) on medication? Y / N If yes, are they taking as prescribed? Y / N Medication concerns? _____

Home Visit Summary In Home

PARENT

What did each parent say & what was observed: _____

_____

_____

_____

Case plan (barriers, tasks, referrals for services): _____

_____

_____

Observed changes to Caregiver Protective Capacities: _____

_____

_____

SAFETY

Household: (new family/non-family members in the home, new residence, changes in employment, new medical issues, new abuse report, recent positive drug screen and/or changes to family dynamics) **Obtain demographics** on any new HH member/visitor/sitter and complete background screening, including FSFN): _____

_____

_____

_____

_____

Safety Plan reviewed: Y/N Are requirements being met? Y/N Are changes needed? Y/N (identify what/why and staff with DCMS)_____

_____

Safety Concerns: _____

_____

ADDITIONAL NOTES

_____

_____

_____

Case Manager: _____ Date: _____

Parent: _____ Date: _____

Date scanned into FSFN: _____