Division of Public Health F-01407 (09/2024)

HOME VISIT CHECKLIST

FOR AGENCY USE ONLY			
Client ID No.		Case ID No.	
	Visit Details	Notes	Date Completed
	First Visit		Completed
	Date scheduled:		
	Durables provided:		
	Length (Hours/Minutes): Participation Agreement signed? \(\square\) Yes \(\square\) No		
	Second Visit		
	Date scheduled:		
	Durables provided:		
	Length (Hours/Minutes):		
	Third Visit		
	Date scheduled:		
	Location: In-person Virtual Durables provided:		
	Length (Hours/Minutes):		
	Fourth Visit		
	Date scheduled:		
	Location: In-person Virtual		
	Durables provided:		
	Length (Hours/Minutes):		
	Fifth Visit		
	Date scheduled:		
	Location: In-person Virtual		
	Durables provided:		
	Length (Hours/Minutes):		
	Sixth Visit		
	Date scheduled: Virtual		
	Location: in-person virtual		
	Durables provided:		
	Length (Hours/Minutes): 2-Week Follow-up		
	Date scheduled:		
	Length (Hours/Minutes):		
	3-Month Follow-up		
	Date scheduled:		
	Location: In-person Virtual Phone		
	Durables provided:		
	Length (Hours/Minutes):		
	Client referred to Asthma-Safe Homes Part B?		
	☐ Yes ☐ No		
	Landlord name:		
	Landlord phone:		
	Landlord email:		
	Client referred to Lead-Safe Homes Program?		
	Yes No		
	Client referred to other resources/programs?		