Communities Connected *for* Kids

HOME VISIT FORM

CASE NAME:	**CASE ID:**	
DATE OF VISIT:	**BEGIN TIME:**	**END TIME:**
WEEKLY: ☐	**MONTHLY:** ☐	**DATE ENTERED IN FSFN:**
TYPE OF VISIT ANNOUNCED ☐ UNANNOUNCED ☐	**ADDRESS OF VISIT**	**LOCATION OF VISIT** HOME ☐ OTHER (SPECIFY) ☐
WAS THE CHILD PLACEMENT AGREEMENT REVIEWED WITH CAREGIVER: YES ☐ N/A ☐ If N/A, please specify why:	**WAS A DISCUSSION HELD WITH THE RELATIVE/NON-RELATIVE ABOUT BECOMING A LEVEL 1 FOSTER PARENT?** YES ☐ NO ☐ If NO please specify why: ALREADY IN PROGRESS ☐	
CONDITION OF THE HOME:	**SAFETY PLAN FOLLOW UP:** YES ☐ NO ☐ Document on Safety Plan Follow Up Form	

PRESENT DURING VISIT	**NAME**	**SIGNATURE**	**DATE**
OTHER (please specify)			
OTHER (please specify)			
DEPENDENCY CASE MANAGER			
PRESENT DURING VISIT	**NAME**	**SIGNATURE**	**DATE**
CHILD/YOUTH			

CHILD FUNCTIONING: (How does the child function on a daily basis? Include physical health, development; emotion and temperament; intellectual functioning; behavior; ability to communicate; self-control; educational performance; peer relations; behaviors that seem to provoke parent/ caregiver reaction/ behavior; activities with family and others. Include a description of each child's vulnerability based on threats identified.)

Was a private interview completed with the child/youth? Yes ☐ **No** ☐

Review the following items to help assess the child's strengths and needs:		
Medical Appointments	Type:	Date:
Follow up:		
Dental Appointments	Type:	Date:
Follow up:		
Is the child/youth on any Medication? Yes ☐ No ☐ If yes, what medication?	Is the child/youth on any Psychotropic Medication? Yes ☐ No ☐ If yes, was the 30-Day Home Visit Psychotropic Medication Review completed? Yes ☐ No ☐	
Mental Health Appointments:	Type:	Date:
Follow up:		
Educational Needs/Skills:		
Independent Living Needs/Skills:		

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Review the following items and discuss:			
Child/Youth's Perception of Visitation with Parents (Frequency & Quality)			
Child/Youth's Perception of Visitation with Siblings (Frequency & Quality)			
PRESENT DURING VISIT	**NAME**	**SIGNATURE**	**DATE**
PARENT/CAREGIVER			

ADULT/CAREGIVER FUNCTIONING: (How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/ neglect history, criminal behavior, impulse control, substance use/ abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations; employment, etc.)

Review the following items with the Parent/Caregiver and discuss:	
Parents Visitation with Children (Frequency & Quality)	

PARENTING/GENERAL DISCIPLINE: (General – What are the overall, typical, parenting practices used by the parents/ legal guardians? Discipline/ Behavior Management – What are the disciplinary approaches used by the parents/ legal guardians, and under what circumstances?)

PARENT/CAREGIVER NEEDS OR FOLLOW UP:

EVALUATION OF CASE PLAN GOALS: (Provide a narrative related for caregiver and /or parent/s case plan tasks and stages of change, if applicable.)

Next Court Date/Time/Location:	
Type of Hearing:	

WAS THE CAREGIVER/PARENT ADVISED OF THE NEXT HEARING? YES ☐ NO ☐

SAFETY ANALYSIS: (If In-Home, address the safety analysis. If Out-of-Home, address the conditions for return)

DANGER THREATS: (Assess the following: a) Is the same danger threat still in operation; or b) Are there additional/new danger threats?