

Home Visit Checklist

Name of Case: _____

Date: _____

Type of Residence (house, apt. mobile home, etc.) _____

Own or Rent (circle) Rent (name & number of landlord)

Number of Bedrooms and Bathrooms _____

Number of People Living in the Home _____

Type of Cooling/Heating _____

Number of Smoke Detectors _____

Number of Smokers in the Home _____

Operational Utilities (water, electricity - current) _____

Number of firearms in the home _____

Ammunition Storage _____

Method of Medication storage _____

Overall Cleanliness of Home _____

Adequate Food supply in Home _____

Any obvious safety and/or health hazards in the Home

Any dangerous pets in the Home _____

Additional Issues/Comments

