

NEXT DAY HOME VISIT

CASE# _____ PA NAME: _____ DATE: _____

Welfare Check

(to be completed next calendar day)

- Welfare: Physically see each member of the family. Check everyone's wellness including physical appearance. Did they eat and sleep well? Did they have enough food until now?


Notes:

- Safety: Do they feel safe in the environment? Does their home appear safe? Do they know how to use everything in the home including locking the door? Is everything working properly?

Notes:

- Emergency Procedures: You may refer to *Information Packet*. Explain what to do in an emergency. Show the fire alarm and fire extinguisher. Explain 911. Explain JPS hospital.
- Material Needs: Ensure you complete the *Material Needs Support Form* and *Site Visit Housing Checklist*. Are all required materials in the home? Does every family member have sufficient clothing for all seasons? *We do not have to go purchase clothing- just ensure they know where they can get clothing items.*

Notes:

world relief 

NORTH TEXAS