

**Vanderheyden Hall Inc.
Home Visit Checklist**

Individual _____ **Date** _____

The following need to be completed before and after a home visit, please initial when complete:

UPON DEPARTURE

Home visit inventory complete	
Checklist was given	
Resident was given times and means for transportation	
Condoms made available	
Any other information or paperwork was given	

UPON RETURN

New items inventoried	
Meds were secured and placed in closet	
Money was secured	
Home visit checklist placed in case coordinators mailbox	
Any concerns documented	

HOME VISIT INVENTORY :		DEPARTURE	RETURN
Quantity	Item	Description	Description

NEW ITEMS BROUGHT BACK

Quantity	Item	Description

Departure: Staff Signature _____ **Date** _____
Individual's signature _____

Return: Staff Signature _____ **Date** _____
Individual's signature _____