



NINOS, Inc. Home Visit Form

Directions:

Complete this form when conducting a home visit. Once completed the form must be added to ChildPlus in Attachments in the Family Service tab.

Home Visit Information			
Family Service Worker:	Child/Applicant's Name:	Applicant's CPID:	Program: <input type="checkbox"/> EHS <input type="checkbox"/> HS
Parent/Guardian Name Interviewed:		Relationship to Child:	
Family Address:		Phone Number:	
Date of Home Visit:		Time of Home Visit:	
Purpose for Home Visit (Check all that apply)			
<input type="checkbox"/> Initial home assessment (within 30 days after enrollment)	<input type="checkbox"/> Monitoring progress towards goals		
<input type="checkbox"/> Routine follow-up visit	<input type="checkbox"/> Parenting support/child development guidance		
<input type="checkbox"/> Safety/well-being check	<input type="checkbox"/> Crisis response (urgent concern, emergency)		
<input type="checkbox"/> Relationship building/family engagement	<input type="checkbox"/> Attendance Improvement Plan		
<input type="checkbox"/> Service delivery (resources, referrals, or direct support)	<input type="checkbox"/> Other: _____		
Family Goal Identified in Individualized Family Parentership Agreement:			

Family Outcome Goal Indicator:			
<input type="checkbox"/> Family Well-Being	<input type="checkbox"/> Family Engagement in Transitions		
<input type="checkbox"/> Positive Parent-Child Relationships	<input type="checkbox"/> Family Connection to Peers and Community		
<input type="checkbox"/> Families as Lifelong Educators	<input type="checkbox"/> Families as Advocates and Leaders		
<input type="checkbox"/> Families as Learners			
Key Points to be Discussed with Parent/Guardian:			
<ul style="list-style-type: none"> Review: IFPA and Goal Setting Assessment/Preliminary Outcomes and Needs Assessment/Enrollment Agreement, initial referrals, and complete new or update as needed. Offer information regarding future programs and community events. Follow up on 30-Day Health Requirements: Medical/Dental Home. Tell the parent/guardian about the 45-Day Health Requirements: Hearing and Vision, and 90-Day Physical and Dental Requirements. Initial PIR questions Provide information regarding: Male parent/guardian activities offered by the program/prenatal/postnatal, if needed/Abriendo Puertas Parent Curriculum/Attendance regulations and Attendance Improvement Plan process/Parent Involvement in school readiness (Transitions: EHS, HS, Kinder)/screenings and assessments process/ Mental Health Services/WIC/Potty Training. Encourage program participation in monthly parent meetings, scholarship opportunities, volunteer services, HSPC committees, and employment opportunities. 			
Outcomes: Explain agreements reached, comments, or progress discussed during the Home Visit.			
Authorization			
Parent/Guardian Signature: _____ Staff Signature: _____ Date: ____/____/____			