

# Monthly/Semi-monthly In-home Visit Checklist

Name:

Date:

## Housing Needs

- Unit is clean and neat
- No visible safety hazards
- Client has ample food

- Utilities are on
- Client's portion of rent is paid
- Bills are paid
  - Electric
  - Water
  - Gas

## Health and Well Being

- Client's appearance is clean and neat
- Client is alert and communicating effectively
- Medical appointments were kept
- Follow up appointments were made

### Prescriptions

- Filled
- Dosages taken as prescribed
- Refills requested

## Mental Health

### Client's emotional state

- Happy
- Content
- Depressed

### Client's depressive condition

- Suicidal/homicidal ideation
- Crying episodes
- Helplessness

- Appointment for evaluation scheduled

## Social/Educational/Economic Development

- Enrolled in GED/trade/college classes
- Children enrolled and attending school
- Client has applied for SSDI/SSI

- Client is actively seeking employment
  - Applications for employment completed
  - Resume' is ready
  - Client is "interview ready"

## Plan of Action

Case Manager's Signature

Client's Signature