



Home Visit Safety Assessment



Date: _____

Participant's Name: _____

Participant's Address: _____

Child/Children's Name and Age: _____

Date of 1st Attempt to Contact: _____ 2nd Attempt: _____ 3rd Attempt: _____

Introduction

Thank you for your interest in our program. As our visits may take place in your home, I would like to explain our home-based services and ask you a few questions about where you live and any other services you are receiving. These are standard questions that we ask everyone prior to coming to their home. This should take us about 10 minutes. Is this a good time for you?

Home Environment and Services

- Have you or has anyone in your family received home-based services where providers came to your home? Please tell me about those services including when they were received.
- Can you tell me a little bit about where you and your family live, and who currently lives there?
- Where in your home would be the best place for us to meet with you and/or your family?
- Where would be the best place to park? Is there anything I should know about parking?
- Other than you and your child/children, who might be in the home when I get there?
- Are those people aware that we will be providing services in your home? Are those people aware that this is a program for parents in recovery?
- Some of our staff have allergies so it is important to know:
 - Do you have any pets?
 - Does anyone smoke in the home?

We operate from a smoke-free/tobacco-free facility, and we have the same expectations for the homes we work in while we are present. For our own health and safety, we ask that participants and their families refrain from smoking in the home while we are present.



Home Visiting Safety Assessment *continued*

Safety

The Commonwealth of Massachusetts has developed new guidelines for the safety of human service workers. The next few questions help us to ensure the safety of everyone in your home during our visits.

- Are there any weapons in your home? If yes, are they stored in a safe/secure location?
- We ask that there be no active use of alcohol, drugs, or tobacco while we are in your home. Do you agree to this?
- Do you, or does anyone else who might be in the home while we are present have any active restraining orders?
- Do you feel safe in your home?
- Is there anything else you would like me to know about you, your family, or where you live that may impact our time together? Or anything else that it would be helpful to know before my first visit?

Thank you for answering these questions.

Time of first scheduled home visit: _____ Date: _____

Staff signature: *n* _____ Date: _____

Supervisor's signature: *n* _____ Date: _____

