



CASA of Harrison County Home Assessment

Date of Home Assessment: _____ **CASA Advocate:** _____

Foster Parents Legal Name: _____

Marital Status: S M D Live-in W Language Spoken: _____

Address: _____ City: _____ State: _____ Zip: _____

Foster Mother Phone: _____ Foster Father Phone: _____

Parent/Guardian Legal Name: _____

Gender: M or F DOB ___/___/___ Race: _____ Language Spoken: _____

Relationship to Child(ren): _____ Marital Status: S M D Live-in W

Social Security Number: _____ - _____ - _____ DOB: ___/___/___

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Disabilities: _____ Services Receiving: _____

Employment: _____ Monthly Income: _____

Concerns: _____

Parent/Guardian Legal Name: _____

Gender: M or F DOB ___/___/___ Race: _____ Language Spoken: _____

Relationship to Child(ren): _____ Marital Status: S M D Live-in W

Social Security Number: _____ - _____ - _____ DOB: ___/___/___

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone : _____

Disabilities: _____ Services Receiving: _____

Employment: _____ Monthly Income: _____

Concerns: _____

CHILD/CHILDREN INFORMATION

Child's Name			
DOB			
Gender			
SS#			
Language			
Race			
School/Daycare			
Grade			
Reg/SPED			
IEP/IFSP			
Disabilities			
Primary Doctor			
Dr. Phone #			
Medications			
Services Receiving			

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Primary Doctor			
Dr. Phone #			
Medications			
Services Receiving			

If the child(ren) are not currently living with the parent/guardian, what type of contact?

Please circle: Face-to-face Telephone Mail None Other

If none or other, please explain: _____

Please list everyone living in the home:

Name:	Age	Relationship to Child(ren)	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there adequate, safe play areas outside? _____ Where? _____ Is the yard fenced in? _____

Does anyone share a bedroom? _____ If so, with whom? _____

Is there an adequate amount of food in the home? _____

Do the children have adequate and appropriate clothing? _____

Season appropriate (i.e. winter coats, shorts, jeans)? _____ Size appropriate? _____

Are there reasonable security measures? (locks on the doors, windows, etc.) _____

What is the overall mental/physical health status of the child(ren)?

Is anyone in the home receiving care from a facility or therapist/counselor at this time?

Facility	Dr./Counselor	Phone Number
_____	_____	_____
_____	_____	_____

List who would be responsible for the child(ren) if the parent/guardian were away or sick? List at least two people.

_____	_____	_____
Name	Relation to Child	Phone Number
_____	_____	_____
Name	Relation to Child	Phone Number

CASA of Harrison County Safety Checklist for All Children

Yes, No, N/A

POISONS

1. _____ Are dangerous/poisonous items kept out of child's reach? (i.e. Medicines, lighters, matches, dye, bleach, poisons, cleaners, mothballs, motor oil, antifreeze)

FIRE HAZARDS

2. _____ Are utilities obtained legally?
3. _____ If electricity/gas are off, is the means of heating and lighting safe? (i.e. candles should not be near curtains, no open flames.)
4. _____ If heating with fireplace, wood heaters, etc. Is there a protective barrier between the heater and the child? (i.e. gate, screen guard, etc.?)
5. _____ Is there a safe place for the child to be while the parent is cooking or unable to give the child their full attention? (i.e. playpen, crib, high chair)
6. _____ Are the electrical cords/plugs in good condition? (i.e. no loose wires coming out of the wall or the cord)
7. _____ Are electrical outlet covers on all plugs not in use?
8. _____ Is there a fire extinguisher in the home? If so is it in good working condition? Has it been inspected and is it up to code?
9. _____ Is there a working smoke alarm in the home? (test it)
10. _____ Does the hot water temperature heat up adequately?

DROWNING HAZARDS

11. _____ Is there constant supervision while the child is bathing or near water?
12. _____ Are the toilet seats kept down and do sinks and tubs drain properly to prevent unwanted collections of water? (Child can drown in less than 2 inches of water)
13. _____ If mop buckets are used in the home, are they emptied and stored away after uses?
14. _____ If home has a pool, is the pool properly safeguarded with a fence and life saving devices?

FIREARM HAZARD

15. _____ If guns are in the home, are they locked away from children?
16. _____ Is ammunition kept in a separate place from the firearms and is it locked away or out of child's reach?

CAR SAFETY

17. _____ Does the child have a car seat? (A child should use a safety seat at least until the age of five (5) and if a child weighs more than 20 lbs, he should face forward in the automobile.)
18. _____ Does Safety Belts work?
19. _____ Enough seating for children?
20. _____ Is there glass in the car windows?
21. _____ Valid car tags and registration?
22. _____ Car Insurance and valid Driver's License? (Get Copies)

GENERAL SAFETY

23. _____ Does the child have a safe and secure sleeping space? (Children have suffocated when sleeping with adults; they have fallen off adult beds and sofas and have become lodged between the wall and the bed.)
24. _____ Is the home free of rat or roach infestations? (Both carry disease which can be harmful to adults and children.)
25. _____ Are the kitchen knives stored out of children's reach?
26. _____ Is there a caretaker able to provide supervision if the parent has to leave the home for any amount of time? (Children should not be left without proper supervision.)
27. _____ Is the inside of the home free of any hazardous debris? (Undisposed trash cans, bottles, etc.)
28. _____ Is the outside of the home free of any hazardous debris? (Undisposed trash, cans, bottles, exposed rusty nails, tall grass and weeds, car parts, etc.)

Date _____

Volunteer _____ Parent or Caretaker _____

This checklist should be discussed with the parent or caretaker of all children during all home visits. It should be signed by the Volunteer and the parent or caretaker. A copy of the form should be left with the parent or caretaker.

RESOURCES NEEDS:

Medical _____ Dental _____ Mental Health _____
Housing _____ WIC _____ Medications _____
Medicaid _____ Food: _____ Household items _____

If medications are checked above, please list all medicines that are in the home and for whom they are for.

Name	Medication	Prescribed by
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other needs that may not be listed:

Please list any other information that may be relevant in the home study.

Resource Guidance Needed: Y or N