

# Social Worker Home Visit Checklist

| Client Information                                                                                                |                         |                         |                         |                         |
|-------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| First Name                                                                                                        | Last Name               | Date of Birth           | Date and Time of Visit  |                         |
| Address                                                                                                           |                         | City                    | State                   | Zip Code                |
| Checklist                                                                                                         |                         |                         |                         |                         |
| For each of the below questions provide a score: 0 = Strongly Disagree, 1= Disagree, 2 =Agree, 3 = Strongly Agree |                         |                         |                         |                         |
| <b><u>Living Conditions</u></b>                                                                                   |                         |                         |                         |                         |
| <b>Kitchen</b>                                                                                                    |                         |                         |                         |                         |
| Are floors, sinks, and surfaces clean?                                                                            | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Is the fridge clean?                                                                                              | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Adequate amount of food present for family size?                                                                  | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Is all food stored appropriately, within the expiry date, and age-appropriate?                                    | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Are waste bins clean and not overflowing?                                                                         | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| No moldy/rotten smells?                                                                                           | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Cooking implements, cutlery, and crockery in good condition and not left dirty until they are needed next?        | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Good decorative order, e.g. walls, doors, windows in good condition?                                              | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| <b>Living Area</b>                                                                                                |                         |                         |                         |                         |
| Suitable flooring for the age of children?                                                                        | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Evidence of toys or children's play items?                                                                        | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Warm and clean?                                                                                                   | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Are child safety features apparent?                                                                               | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Adequate lighting and ventilation?                                                                                | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| No smell or signs of animal food, litter trays, or hair?                                                          | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Dining table and chairs for eating?                                                                               | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Good decorative order, e.g. floors, furniture, window coverings in good condition?                                | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| <b>Bathroom(s)</b>                                                                                                |                         |                         |                         |                         |
| Well ventilated?                                                                                                  | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Warm and clean?                                                                                                   | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Is bed appropriate for the age of children?                                                                       | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Are child safety features apparent?                                                                               | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Children's toys appropriate for their age?                                                                        | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Did clothing store appropriately in wardrobe/drawers/cupboards?                                                   | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Bedding, furnishings, and furniture clean and in good condition?                                                  | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Windows have curtains or blinds                                                                                   | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Good decorative order, e.g. bedding, furniture, walls in good condition?                                          | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| <b>Garden/Outdoor Areas</b>                                                                                       |                         |                         |                         |                         |
| Is the garden well maintained and free of rubbish or dangerous items?                                             | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Garden equipment/products safely stored?                                                                          | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Ponds or pools covered and child-safety features apparent?                                                        | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |

| Client Information                                                                                                |                         |                         |                         |                         |
|-------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| First Name                                                                                                        | Last Name               | Date of Birth           | Date and Time of Visit  |                         |
| Checklist (Continued)                                                                                             |                         |                         |                         |                         |
| For each of the below questions provide a score: 0 = Strongly Disagree, 1= Disagree, 2 =Agree, 3 = Strongly Agree |                         |                         |                         |                         |
| <b>Garden/Outdoor Areas (continued)</b>                                                                           |                         |                         |                         |                         |
| No signs of animal excreta?                                                                                       | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| <b>Physical Hazards</b>                                                                                           |                         |                         |                         |                         |
| No chemical hazards observed?                                                                                     | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Senior's bathrooms equipped with handrails?                                                                       | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| No exposed needles or drug paraphernalia in the house / within children's reach?                                  | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| No evidence of rodents or rodent damage to property?                                                              | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Essential services connected and working e.g. electricity, gas supply, heating?                                   | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| No animal hazards?                                                                                                | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| No evidence of extreme clutter or hoarding?                                                                       | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Are electrical sockets in good condition?                                                                         | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Are smoke alarms present?                                                                                         | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| Total number of items where score = 0: _____                                                                      |                         |                         |                         |                         |
| Notes                                                                                                             |                         |                         |                         |                         |
|                                                                                                                   |                         |                         |                         |                         |
| Social Worker Name (Printed)                                                                                      |                         | Social Worker Signature |                         | Date                    |