## NEXT DAY HOME VISIT GUIDE



A requirement of the Resettlement Program is to provide a Next Day Home Visit for newcomers. Note: The Next Day Home Visit must occur on the next calendar day after their arrival, even if that lands on a weekend.

#### The purpose of this official visit is to:

- Ensure the newcomers know how to operate appliances or other functions of their home.
- Assess the housing conditions.
- Ensure the newcomers know safety procedures and emergency contacts.
- Assess their welfare and determine if there are any basic immediate needs.

#### INSTRUCTIONS

- Determine who in your team will provide the Next Day Home Visit.
- Arrange for an interpreter to be at the visit.
- Bring this document with you as it will need to be filled out and logged in case notes.



# NEXT DAY HOME VISIT FORM



## **Newcomer Information**

Newcomer Name:			
Other Adult Members:			
Date of Birth:			
Case Number:			
Case Size:			
Number of Occupants:		Number of Bedrooms:	
Circle One: Temporary or Permanent Housing			
Address:			
Home Visit Provider Name:			
Date Conducted:			



#### **Demonstrate How to Use:**

- □ Stove/Oven Refrigerator/Freezer (appropriate food storage)
- □ Shower/Bath
- □ Hot/Cold Water
- 🗆 Toilet
- □ Heating and Air Conditioning (appropriate temperature settings)
- $\Box$  Lights in Each Room
- □ All Door Locks (interior and exterior doors)
- □ All Windows, Window Locks, and Screens
- □ Doorbell or Intercom System
- $\Box$  Mailbox (location/key)
- $\Box$  Home Telephone and/or Cell Phone
- $\Box$  Any Other Appliances:

## Ask the following (or similar) questions to ensure understanding of housing orientation.

Can you tell/show me how to make the temperature warmer or colder in your home?

#### $\Box$ Yes $\Box$ No

Can you tell/show me how to ensure the stove/oven is turned off when you are done using it?

#### $\Box$ Yes $\Box$ No

Can you show me how to lock/unlock the door/s to enter your home? □ Yes □ No

Note any housing orientation topics which need additional review to ensure understanding:



### Assessment of Condition of Housing Review the following information with newcomers:

- $\hfill\square$  How to safely answer the door/check who is at the door
- $\hfill\square$  Importance of keeping doors to the outside locked
- $\square$  Safety regarding keeping windows open/closed and locked
- $\Box$  Smoke Detector (explain sound of alarm, low battery, and what to do if it goes off when cooking)
- $\Box$  Fire Extinguisher (if required, show location and how to use)
- □ Emergency escape routes (from housing)
- $\Box$  When and how to call 911 (provide written copy)
- $\Box$  How to contact case worker/agency staff
- □ Client address and phone number (provide written copy to each adult client)
  - 🗆 Adult 1
  - 🗆 Adult 2
- $\Box$  Safety precautions for client/s with children
  - $\Box$  N/A
  - $\hfill\square$  Appropriate supervision of children
  - $\hfill\square$  Car/child safety seat and seat belt requirements

## Ask the following (or similar) questions to ensure understanding of safety procedures and emergency contacts:

What number would you call if there was an emergency (such as a medical emergency)?

#### $\Box$ Yes $\Box$ No

What would you do if the smoke detector alarm went off?  $\Box$  Yes  $\Box$  No

Note any topics and information which need additional review to ensure client understanding:



## Assessment of Welfare Ask the following questions to determine if basic immediate needs have been met.

Do you or any of your family members have urgent medical or medication needs?

☐ Yes □ No
Do you have a supply of food or money to purchase food?
☐ Yes □ No
Do you know when you will get more food?
☐ Yes □ No
Do you have enough food to last until that time?
☐ Yes □ No
Do you have seasonal clothing for your immediate needs (including footwear)?
☐ Yes □ No
Have you been provided with pocket money?
☐ Yes □ No
Do you need diapers or baby food (as applicable)?
☐ Yes □ No □ N/A
Do you have any other needs or concerns?
☐ Yes □ No

Note any concerns related to transportation, safety, the community, or ability to access services:

Note how the family interacts with you and with each other. What is their body language?



Note if anyone needs anything (e.g. another pillow, additional seating, medication):

Note any concerns or follow-up needed regarding provision of basic needs:

### Assessing the Welfare of Each Individual

What are each person's actions, comments, and/or questions?

Is the person dressed appropriately for the season?



#### Assessing the Welfare of Each Individual

Comment on their health. Does this person have any medical needs? How are they feeling?

Have they experienced any challenges since arrival?

Do they have a specific goal in mind after arriving (e.g. going to school, driving, etc.)?

#### **REMEMBER TO**

- Log your volunteer hours
- Log answers to this document in case notes, including a welfare assessment for each individual in the case.



#### Welfare assessment

Describe the overall welfare of each individual, and the family as a whole.

Note: When documenting the welfare assessment in case notes, make sure your description is using 'objective language' as opposed to 'subjective language' (i.e., "the family was seen laughing and chatting with each other like they were at ease in their surroundings" as opposed to "the family is very happy"). Stating the family is happy would be an assumption by the observer. Whereas stating what you see in how the family is interacting during the home visit is objective and provides evidence of the family's well-being.



Home Visit Provider Name: Home Visit Provider Signature: Date: world relief