



# Youth Co-Op, Inc.

## MATCH GRANT HOME VISIT

NAME		D.O.A.		MG-Case #
ADDRESS				MG Date
PHONE	CASE MANAGER	HOME VISIT DATE	# of Participants	

### ***ORIENTATION***

ORIENTATION ABOUT PROGRAM, SIGNED AGREEMENT, BUDGET, AND COMPLETED ASSESMENT?				<b>YES</b>	<b>NO</b>
HEALTH SCREENING SCHEDULED AND COMPLETED?				<b>YES</b>	<b>NO</b>
REFERRED TO ESL	<b>YES</b>	<b>NO</b>	<b>LOCATION</b>		

### ***HOUSING***

# OF INDIVIDUALS LIVING IN THE HOUSE		# Of Bedrooms		Is participant paying rent?	Amount \$
GOOD LIVING CONDITIONS	<b>YES</b>	<b>NO</b>	SMOKE ALARMS WORKING PROPERLY?	<b>YES</b>	<b>NO</b>
ARE CLIENTS PAYING FOR UTILITIES?				<b>YES</b>	<b>NO</b>
ARE ALL FACILITIES, INCLUDING DOORS, AND WINDOW LOCKS WORKING PROPERLY?				<b>YES</b>	<b>NO</b>
IS THE HOME FURNISHED ACCORDING TO THE AMOUNT OF PEOPLE LIVING IN THE HOUSEHOLD?				<b>YES</b>	<b>NO</b>
IS THERE AN ACCESSIBLE FACILITY FOR GARBAGE STORAGE/DISPOSAL?				<b>YES</b>	<b>NO</b>
DO ALL RESIDENTS KNOW WHAT TO DO IN CASE OF AN EMERGENCY?				<b>YES</b>	<b>NO</b>

### ***EMPLOYMENT***

JOB READINESS SERVICES PROVIDED?	<b>YES</b>	<b>NO</b>	REFERRALS FOR EMPLOYMENT	<b>YES</b>	<b>HOW MANY</b>	<b>NO</b>
HOW MANY EMPLOYABLE?			HOW MANY WORKING?			
DATE STARTED WORKING?			DATE STARTED WORKING			
BENEFITS ON THE JOB?	<b>YES</b>	<b>NO</b>	BENEFITS ON THE JOB?	<b>YES</b>	<b>NO</b>	
CLIENTS USING PUBLIC TRANSPORTATION?	<b>YES</b>	<b>NO</b>	TRANSPORTATION AVAILABLE NEARBY?	<b>YES</b>	<b>NO</b>	

### ***CHILDREN***

# OF CHILDREN		AGE(S)		IN DAY CARE		IN SCHOOL	
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**COMMENTS**

*(If the answer is "NO" to any of the questions above and if there is a need for a plan of action please explain below.)*

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*Participant's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Case Manager Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Supervisor Signature* \_\_\_\_\_ *Date* \_\_\_\_\_