



Foster Home Monthly Visit Checklist

Foster Parent Name _____ Date of Home Visit: _____
Foster Parent Support Worker: _____

Case Recordings should reflect the following (check all that apply):

Areas of Assessments:

☐ **Home Safety**

- ☐ Fire
- ☐ Water
- ☐ Household Hazards

- ☐ Electrical
- ☐ Medicine
- ☐ Weapons

☐ **Child**

- ☐ Education
- ☐ Child Allowance
- ☐ Medical
- ☐ Mental Health
- ☐ Social Relationships
- ☐ Independent Living Skills

- ☐ Attachment
- ☐ Extracurricular Activities
- ☐ Social Skills
- ☐ Child's Permanency
- ☐ Self-Esteem
- ☐ Clothing

☐ **Verification**

- ☐ Insurance
- ☐ Car Registration
- ☐ Pet Vaccination

☐ **Foster Parents**

- ☐ Child's Behavior
- ☐ Parent Behaviors
- ☐ Foster Parent Well-Being/Stress Level
- ☐ Vehicle Safety
- ☐ Training
- ☐ Child/Parent Visitation Concerns
- ☐ Level of Services – Support and Resources to Meet Needs
- ☐ Child Orientation to Household Checklist

- ☐ Respite Needs
- ☐ Foster Parent Other Needs
- ☐ Criminal Activity
- ☐ Barriers Followed/Issues
- ☐ Foster Parent Mentors/Resources
- ☐ Mentor Birth Parent(s)

☐ **Household Composition**

Summary (including person(s) present during the contact):

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution: Foster Home Case File

CS-0709

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