

**COURT APPOINTED SPECIAL ADVOCATES (CASA), INC.  
COURTESY HOME VISIT**

Volunteer Assigned:

Date of Home Visit:

**1. CHILD(REN) TO BE PLACED:**

Name: _____	D.O.B. _____	Interviewed Y/N _____
Name: _____	D.O.B. _____	Interviewed Y/N _____
Name: _____	D.O.B. _____	Interviewed Y/N _____
Name: _____	D.O.B. _____	Interviewed Y/N _____

**2. PROPOSED CAREGIVER(S)**

Full Legal Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Interviewed Y/N \_\_\_\_\_

Any other name used: \_\_\_\_\_

Relationship to minor(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ How long at current address? \_\_\_\_\_

Employer: \_\_\_\_\_ Salary: \_\_\_\_\_

How long with this employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

Other sources of income: \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Length of marriage/relationship: \_\_\_\_\_

Quality of marriage: \_\_\_\_\_

Method of problem solving: \_\_\_\_\_

Who makes the primary decisions? \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Interviewed Y/N \_\_\_\_\_

Any other name used: \_\_\_\_\_

Relationship to minor(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ How long at current address? \_\_\_\_\_

Employer: \_\_\_\_\_ Salary: \_\_\_\_\_

How long with this employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

Other sources of income: \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

3. CHILD REARING ATTITUDES/APPROACHES

Previous experience with children: \_\_\_\_\_

Preferred method of discipline: \_\_\_\_\_

Activities you participate in as a family: \_\_\_\_\_

Why do you want the minor(s) placed in your home? \_\_\_\_\_

What is your understanding of the reason the minor(s) were removed from their home? \_\_\_\_\_

How often did you have contact with the minor(s) prior to their removal? \_\_\_\_\_

Do any of the minor(s) have special medical or emotional needs? \_\_\_\_\_

4. SUPPORT SYSTEMS

Whom do you share problems with / seek advice? \_\_\_\_\_

Child-care plans – When caregiver is working or away from home, who will care for the child(ren) (including address, phone number and relationship to caregiver)? \_\_\_\_\_

5. OTHER HOUSEHOLD MEMBERS

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex M/F \_\_\_\_\_

Interviewed Y/N \_\_\_\_\_ (if yes) Are you aware of plans for the placement? \_\_\_\_\_

How do you perceive this will affect you? \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex M/F \_\_\_\_\_

Interviewed Y/N \_\_\_\_\_ (if yes) Are you aware of plans for the placement? \_\_\_\_\_

How do you perceive this will affect you? \_\_\_\_\_

Has any resident of the home been arrested? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has any resident of the home been hospitalized for emotional problems or drug/alcohol treatment? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has any resident of the home been the subject of a child abuse/neglect investigation? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**6. COMMUNITY ASSESSMENT**

Description of neighborhood in which home is located: \_\_\_\_\_

Description of family vehicle(s) or means of transportation: \_\_\_\_\_

Available Public Education (name of school, how far from home, how will they get to and from school, etc.)

**7. HOME ASSESSMENT**

Quality of Maintenance (interior and exterior): \_\_\_\_\_

Type of dwelling: \_\_\_\_\_ Total number of rooms: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_ Number of baths: \_\_\_\_\_

Sleeping arrangement of all household members: \_\_\_\_\_

Detailed description of home (include cleanliness and safety of the home, location of play area, general furnishings, etc.) \_\_\_\_\_