**Home Visitor Checklist for Board Presentations**

The following forms have been submitted by the Home Visitor Lead for Board Review:

|  |  |
| --- | --- |
| **Guest Name:** |  |

|  |  |
| --- | --- |
| * **Check**
 | **Form** |
|  | 1. INTAKE form
 |
|  | 1. Consent for the Release of Confidential Information
 |
|  | 1. Home Visitor Form Balance Sheet (7 copies please)
 |
|  | 1. Copies of any rental, utilities, or other bills we are requesting to be paid
 |
|  | 1. IRS W-9 form + Letter to Landlord

(ONLY if asking for rent from landlord Sole Proprietor / LLC)W-9 can be found on website: https://www.svdpstluke.org/forms |
|  | 1. Board Determination Sheet – must complete top section with dates, names, and recommendations
 |

**Other Forms Available on Website**

**Home Visitor Section**

1. Guest Budget Planning Form

 **Resources Section**

1. Housing Guide
2. Neighbor Resources Seeking Assistance
3. TRHHC Food Pantries List
4. TRHHC Resource List
5. Ocean County Assistance “Hot List”

**Note**: This is to be part of the permanent file for recordkeeping and archive.

Forms can also be found on the website shown below.

**Consent for the Release of Confidential Information**

|  |  |
| --- | --- |
| **Today’s Date:**  | **Visit Date:** |

|  |  |  |
| --- | --- | --- |
| **Guest’s Name:** | **Date of Birth:** | **Age:** |

|  |  |  |
| --- | --- | --- |
| **Address:** | **City/State:** | **Zip:** |
| **Phone #:** | **Alternate Phone #(s) / Contacts:** |

I certify that the information given to the St. Vincent de Paul Society of St. Luke’s Church is complete and true to the best of my knowledge and belief.

I hereby authorize and give permission the St. Vincent de Paul Society to contact any past or present employer, any property owner or mortgage company, any utility company (i.e. JCP&L, water and/or oil companies) and any agency for information to pursue whatever investigation it deems necessary to determine my eligibility for services from the St. Vincent de Paul Society.

In addition, I hereby authorize all health care and social service providers that have delivered services to me including physicians, nurses, hospitals, social workers, and community agency employees to furnish St. Vincent de Paul Society any and all information that the St. Vincent de Paul Society may request regarding my physical, medical, financial, and psychosocial condition. This could include information about mental health or substance abuse condition/treatment and any HIV information. I also authorize St. Vincent de Paul Society to furnish health care or social service providers with the same type of information as appropriate.

I also authorize the St. Vincent de Paul Society to discuss this case and any pertinent information with the Ocean County Board of Social Services.

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| **Print Guest Name:** |
| **Signature:** | **Date:** |

|  |
| --- |
| **Print Witness Name:** |
| **Witness Signature:** | **Date:** |

**Home Visitor Form Questions / Information**

|  |  |
| --- | --- |
| **Guest’s Name:**  | **Visit Date:** |

[ ]  **1. Introduce yourself and your partner (first names only) from the SVdP Society.**

[ ]  **2. Insist on Honesty.**

[ ]  **3. Have Guest sign the Consent for the Release of Confidential Information form.**

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| **4. Document names and ages of the adults and children living in the household** |
| **Name / Age** |
|  |

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| **5. What kind of assistance are you in need of?** |

|  |
| --- |
| **6. What has changed in your life that brings you to need our help?** |

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| **7. What makes you sure you will not be in this same need/position in the months ahead?** |

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| **Other NOTES:** |

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| **8. We need to work out a Balance Sheet with income & expenses – See Home Visitor Form Balance Sheet.**If possible, secure copies of necessary bills, forms, leases, statements to validate income & expenses. If no copies, take originals and inform guest that the papers will be returned as soon as possible |

**Home Visitor Form Questions / Information Continued**

|  |  |
| --- | --- |
| **Guest’s Name:**  | **Visit Date:** |

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| **9. As the guest’s ADVOCATES, is there anything else the SVdP Board should know about the circumstances / request?** |

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| **10. Inform the guest of St. Luke’s Food Pantry and Helping Hands for clothing and household items.** **Food Pantry: OPEN Monday and Friday from 9:00 am to 1:00 pm** **Helping Hands: OPEN Monday and Friday from 9:00 am to 11:00 am** **And other Resources available. Check on our website: svdpstluke.org/forms** |

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| **11. If appropriate, what is the guest’s religion / church affiliation?**Knowing that this home visit was done in the name and service of *Jesus Christ*,please pray with guests, if appropriate. |

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| **12. Please thank the guests for allowing you into their home, and let them know that the SVdP Society will remember them in their prayers. Inform them that someone will contact them regarding the case as soon as the SVdP Board’s Determination has been made.** |

**For SVdP Volunteers Only**

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| **13. After obtaining the guest’s information, please discuss together what your recommendations to the SVdP Board will be.****RECOMMENDATIONS / NOTES:** |

Home Visitors may present the guest’s issues and their recommendations to the Board at the beginning of the weekly meetings. If you would like to present, please let the Home Visit Coordinator know you would like to attend. If you will not be at the Board Meeting, please put the folder in the SVdP mailbox as soon as possible.

**THANK YOU FOR YOUR SERVICE TO THIS MINISTRY!**

**Board Determination Sheet**

Completed by Home Visitor

|  |  |  |
| --- | --- | --- |
| **Today’s Date:**  | **Visit Date:** | **Guest’s Name:** |
| **Home Visitor(s) Names** |  |  |
| **Recommendations**: |  |

Completed by the Board Representative

|  |
| --- |
| **Board’s Decision:** |
|  **Check here if unable to help** |
| **Number of People Helped:** | **Total Amount: $** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Goods:** | **No. People Helped** | **Value** |  | **Services** | **No. People Helped** | **Value** |
| **Food** |  |  |  | **Legal** |  |  |
| **Furniture** |  |  |  | **Medical** |  |  |
| **Clothing** |  |  |  | **Dental** |  |  |
| **Other** |  |  |  | **Other** |  |  |

|  |
| --- |
| **Resources Offered**: |
|  |
| **Follow-up Needed**: |
|  |

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| --- | --- | --- | --- | --- |
| **W-9 Needed? Y/N** |  |  | **W-9 Provided Y/N** |  |

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| **Checks Issued:** |
| **Check #** | **Date:** | **Amount** | **Issued To:** |
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| --- | --- |
| **President’s Signature** |  |
| **Treasurer’s Signature** |  |