



County of Ventura  
 Human Services Agency – Homeless Services Program  
 1400 Vanguard Drive #3, Oxnard, CA 93033  
 Phone (805) 385-8585 Fax (805) 385-1822



## Housing Stability & Case Management Follow-up

Name \_\_\_\_\_ Phone \_\_\_\_\_ Pager \_\_\_\_\_

Address \_\_\_\_\_

Landlord / Property Company \_\_\_\_\_ Phone \_\_\_\_\_

Move-in Date \_\_\_\_\_ Rent \$ \_\_\_\_\_ Deposit \$ \_\_\_\_\_ Paid by \_\_\_\_\_

Section 8? Yes / No Tenant Portion of Rent \$ \_\_\_\_\_ Other Subsidy \$ \_\_\_\_\_

Assistance Date \_\_\_\_\_ Assistance Amount \_\_\_\_\_

Monthly Rent \_\_\_\_\_ Due on (date) \_\_\_\_\_ Current as of (date) \_\_\_\_\_

Payment issues? \_\_\_\_\_

**30-Day Home Visit** Date \_\_\_\_\_ Worker \_\_\_\_\_

Settled In? (boxes, trash gone, etc.) \_\_\_\_\_

Furniture / Appliances \_\_\_\_\_

Kids in school / Daycare? \_\_\_\_\_

House / Yard clean? \_\_\_\_\_

Other comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Issues for follow-up \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**60-Day Home Visit**

Date \_\_\_\_\_ Worker \_\_\_\_\_

Changes / Progress since last visit \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Income stable? Yes / No      Amount \$ \_\_\_\_\_

Rent current?      Yes / No      Amount \$ \_\_\_\_\_

Debts? \_\_\_\_\_

Issues for follow-up \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**90 Day Home Visit**

Date \_\_\_\_\_ Worker \_\_\_\_\_

Amount of Rent \$ \_\_\_\_\_ Current? \_\_\_\_\_

Monthly Income \_\_\_\_\_

Debts? \_\_\_\_\_

House / Yard clean? \_\_\_\_\_

Other comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Issues for follow-up \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4<sup>th</sup> Month Visit**

Date \_\_\_\_\_ Worker \_\_\_\_\_

Changes / Progress since last visit \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Income stable? Yes / No      Amount \$ \_\_\_\_\_

Rent current?      Yes / No      Amount \$ \_\_\_\_\_

Debts? \_\_\_\_\_

Issues for follow-up \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5<sup>th</sup> Month Visit**

Date \_\_\_\_\_ Worker \_\_\_\_\_

Amount of Rent \$ \_\_\_\_\_      Current? \_\_\_\_\_

Monthly Income \_\_\_\_\_

Debts? \_\_\_\_\_

House / Yard clean? \_\_\_\_\_

Other comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Issues for follow-up \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All Participants  
FINAL Home Visit

Date \_\_\_\_\_ Worker \_\_\_\_\_

Current condition of apartment / house / yard \_\_\_\_\_

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Rent current? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Income stable? \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Issues? \_\_\_\_\_

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Information & referrals given \_\_\_\_\_

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Need for follow-up Yes / No \_\_\_\_\_ What? \_\_\_\_\_

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Case Manager Signature \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date

Date