Buncombe County Department of Social Services
In-Home Services

INITIAL HOME VISIT

Case Name/Number _____

The social worker discussed the following information with me:

1. The reason for Child Protective Services – In-Home Services involvement. Family was informed that DSS has the authority to remove the children from the home, if the risk cannot be reduced; however, our goal is to keep the children safe in the home.

2. Fire safety plan discussed, including checking smoke detectors; pamphlets given regarding fire safety information.

3. How to contact social worker in an emergency after hours, weekends, and holidays.

4. The need to develop together a Family Services Case Plan and a Child and Family Team will be started.

5. Absent effective preventive services, foster care is the plan for the child(ren).

6. Completed Health and Educational Assessment with family discussed:

   - ☐ educational services
   - ☐ medical services
   - ☐ dental services
   - ☐ mental health services
   - ☐ Children's Developmental Services Form completed on all children under 3 years.

_____
Parent/Caretaker Date

_____
Parent/Caretaker Date

_____
Parent/Caretaker Date