



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 _____

4th Month Visit

Date _____ Worker _____

Changes / Progress since last visit _____

Income stable? Yes / No Amount \$ _____

Rent current? Yes / No Amount \$ _____

Debts? _____

Issues for follow-up _____

5th 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 _____

Rent current? _____ Amount \$ _____

Income stable? _____ Monthly Amount \$ _____

Issues? _____

Information & referrals given _____

Need for follow-up Yes / No _____ What? _____

Case Manager Signature _____

Supervisor Signature _____

Date

Date