**Memo**

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| **TO:** | STAFF | | |
| **FROM:** | Rachel Tinney  Associate Executive Director | **DATE:** | December 13, 2021 |
|  |  |  |  |
| **RE:** | **COVID QUESTIONNAIRE PRIOR TO A HOME VISIT** | | |

Staff are required to complete this survey every time they attend a dwelling for work purposes. ***Dwelling means and includes*** client homes, foster parent homes, potential foster parent homes during the application period and live-in foster parent Agency Owned Homes. (staffed Agency Operated Homes or Group Homes are not included in this requirement)

The link is attached for viewing and saving to any device that has access to the internet. You must complete this questionnaire prior to any home visit.

**YOU MUST OBTAIN PERMISSION FOR THIS HOME VISIT FROM YOUR IMMEDIATE SUPERVISOR!**

<https://forms.office.com/Pages/ResponsePage.aspx?id=gRpXWyJygECDtE_3nlR3chzH86hZFclJjb7nRELsGutUOVE4SkIzUVhQUkRDNVQ2ODhGWE5OSEdORy4u>

A copy of how to bookmark the attached questionnaire is attached (this bookmark was used for the Daily Health Screening Questionnaire just substitute the Home Visit Questionnaire.