

Visit/Action Report



Today, on __/__/__, I visited
 called _____
 sent a card to _____ (name)

We:
 read a devotional lesson
 prayed together
 enjoyed conversation
 and _____

Prayer requests they had: _____

My next visit is planned for: __/__/__

I noted needs/hazards during our conversation as detailed on the reverse.

Signed, _____

"We love because He first loved us"

>> Please turn in to the *His Hands* box!

COMPLETED

NEEDED

Needs Assessment

- | | | |
|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | light bulbs changed |
| <input type="checkbox"/> | <input type="checkbox"/> | smoke detectors checked |
| <input type="checkbox"/> | <input type="checkbox"/> | rugs secured (fall hazards) |
| <input type="checkbox"/> | <input type="checkbox"/> | A/C filters checked |
| <input type="checkbox"/> | <input type="checkbox"/> | easy-turn door knobs installed |
| <input type="checkbox"/> | <input type="checkbox"/> | grab bars installed in bathrooms |
| <input type="checkbox"/> | <input type="checkbox"/> | handrails installed on stairs |
| <input type="checkbox"/> | <input type="checkbox"/> | light housekeeping |
| <input type="checkbox"/> | <input type="checkbox"/> | light yard work |
| <input type="checkbox"/> | <input type="checkbox"/> | minor plumbing repairs |
| <input type="checkbox"/> | <input type="checkbox"/> | wheelchair ramp |
| <input type="checkbox"/> | <input type="checkbox"/> | doorways widened for wheelchair |
| <input type="checkbox"/> | <input type="checkbox"/> | occasional meal assistance |

Other needs/concerns I noticed that should be addressed:

Notes: _____

