

**IN HOME VISIT SUMMARY**

**Name:** \_\_\_\_\_

**Community Organization:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

\_\_\_\_\_ was here for an in-home assessment.

The following items were discussed, initiated and/or left with the customer.

Please call the Community Specialist listed above should you have any questions.

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> <b>Small<br/>Signature<br/>Guide</b> | <input type="checkbox"/> <b>3x Illuminated<br/>Pocket<br/>Magnifier</b>   | <input type="checkbox"/> <b>Large Print<br/>Kitchen<br/>Timer</b>   | <input type="checkbox"/> <b>Indoor<br/>Sunglasses<br/>U88</b>             |
| <input type="checkbox"/> <b>Check<br/>Writing<br/>Guide</b>   | <input type="checkbox"/> <b>Large Print<br/>Playing<br/>Cards</b>         | <input type="checkbox"/> <b>Keychain<br/>Talking<br/>Clock</b>      | <input type="checkbox"/> <b>Indoor<br/>Sunglasses<br/>NoIR 711</b>        |
| <input type="checkbox"/> <b>20/20 Bold<br/>Pen</b>            | <input type="checkbox"/> <b>Large Print<br/>Calendar</b>                  | <input type="checkbox"/> <b>Outdoor<br/>Sunglasses<br/>NoIR 701</b> | <input type="checkbox"/> <b>Communication<br/>Center Sign-up<br/>Form</b> |
| <input type="checkbox"/> <b>1 Inch Bold<br/>Lined Paper</b>   | <input type="checkbox"/> <b>Large Button<br/>Telephone</b>                | <input type="checkbox"/> <b>Outdoor<br/>Sunglasses<br/>NoIR 702</b> | <input type="checkbox"/> <b>Vision Aid<br/>Source Form</b>                |
| <input type="checkbox"/> <b>Bump Dots</b>                     | <input type="checkbox"/> <b>Large Print<br/>Crossword<br/>Puzzle Book</b> |   | <input type="checkbox"/> <b>TED Program<br/>Brochure</b>                  |

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## Next Steps

- No needs identified at this time. If needs change, contact:

**SSB Staff Person:**

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**Telephone Number:**

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**Email Address:**

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- Referral to SSB

## Additional Resources

See Handout