

# HOME VISIT FOLLOW-UP REPORT

YOUTH INVESTIGATIONS CRIME AND VICTIMIZATION DETERRENCE INITIATIVE  
CHICAGO POLICE DEPARTMENT

DATE

UNITS/AGENCIES ASSIGNED

YOUTH'S NAME

TIME OF VISIT

ADDRESS OF VISIT

BEAT NO. OF VISIT

DID FAMILY ACCEPT REFERRALS TO SERVICE?

YES  NO

TYPE OF SERVICES REFERRED

NOTES (Please list any other help the family requested, information left with the family, number provided for future help, etc.)

PREPARED BY

STAR NO.

DATE

SUPERVISOR'S APPROVAL

STAR NO.

DATE

YOUTH FOLLOW-UP (List number of arrests)

1 MONTH \_\_\_\_\_ 3 MONTHS \_\_\_\_\_ 6 MONTHS \_\_\_\_\_

**CPD-24.492 (5/21)**

**(This form should be retained in separate file until a time designated)**