

## Home Evaluation and Safety Checklist

Are there any problems where you live?			
No	Yes		Describe concerns...
		Barriers to access – to the doors, stairs, windows, unsafe issues in the yard	
		Electrical Hazards – outlet problems, electrical wiring, exposed wiring	
		Fire Hazards / No Smoke Alarm(s)	
		Insufficient Heat/Air Conditioning	
		Insufficient Hot Water/Water	
		Lack of/Poor Toilet Facilities, plumbing	
		Lack of/Defective Stove, Refrigerator, Freezer	
		Lack of/Poor Bathing Facilities	
		Structural Problems with the Home	
		Telephone not accessible	
		Unsafe Neighborhood	

- Do you live: in a house  apartment  mobile home  Group Home   
Assisted living  Nursing Facility  Other : \_\_\_\_\_
- Do you own your home? Yes  or No
- Are you renting your home/aptmt? Yes  or No

*The reason we ask if you own your home or are renting is that there are different programs for home ownership and for rental repairs.*

If any issues are identified above – please identify the resources/options & plan in the Plan of Action section.