

Policy & Procedure Manual

**ONGOING SUPPORT AND MONITORING OF HOME SHARE
PLACEMENT – R-XI-4**

POLICY:

OPTIONS northwest will support Home Share Providers and Home Sharers while monitoring Home Share placements as directed by the Ministry's Home Share Program Policy Directives. Orientation and training will be tailored to meet the needs of the Home Share provider and the individual being supported. All information provided to the individual supported will be in a language and manner that is appropriate to their level of understanding.

PURPOSE:

1. Oversee and monitor the Home Share's compliance with their service agreement.
2. Monitor the personal safety and security of the Home Sharer.
3. Provide training during the orientation process, annually and as required.

PROCEDURE:

OPTIONS northwest will provide the following support, training and monitoring as needed by the Home Sharer, Home Share provider and Ministry regulations.

The following are guidelines OPTIONS northwest will follow when monitoring Home Share placements;

1. Support
 - OPTIONS northwest will provide all necessary training at onset, annual and ongoing as needs arise. Training may include, First Aid, CPR, Respecting Rights and Prevention of Abuse, reporting and incident reports, complaint procedures and general orientation as needed.
 - Provide an opportunity for the Home Sharer to speak with OPTIONS northwest staff separate from his Home Share provider in order to have a private conversation with regard to their Home Share situation and be allowed an opportunity to speak freely to address and concerns they may have. The Home Sharer may request a person of their choosing to help support them through this



Personal Support Services

POLICY: R-XI-4

DEPARTMENT: Community Services

CATEGORY: Home Share Program

EFFECTIVE DATE: November 2017

SUPERSEDES VERSION DATED: N/A

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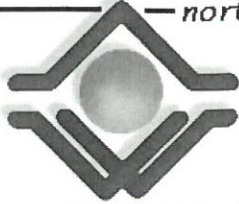
endeavor to increase their own comfort level. OPTIONS northwest will meet with the Home Sharer at their request and or quarterly. Should any issues be brought forward OPTIONS northwest will take the necessary steps to address the concern.

- OPTIONS northwest will provide ongoing support to the Home Share provider, which could be in the form of community supports including support groups and connection to other Home Share providers for, advise and support.
- OPTIONS northwest will make the necessary arrangements for respite care (as needed) for the Home Share provider. This will include both an emergency plan (short notice events, for example when the Home Share provider becomes ill) and a pre-arranged plan for respite service.
- OPTIONS northwest will complete a screening and on site inspection of any potential respite environments.
- Assist the Home Share provider and Home Sharer maintain contact with their family/guardian as appropriate
- OPTIONS northwest will support the Home Share provider where circumstances change and they are unable to continue in the role as a provider. Circumstances may include;
 - Change in health status or death in the Home Share provider family
 - Change in financial circumstances of the Home Share provider
 - Change in circumstances for the Home Sharer (physical, psychological, etc)
 - Change in the dynamic of the household (addition of a full or part time member)
 - Change in physical location
- OPTIONS northwest will notify the Developmental Services Ontario (DSO) if the Home Sharer choose to move to another community and or out of the province.

2. Monitoring

OPTIONS northwest will provide the following in regard to monitoring a Home Share program;

- Ensure the Home Share provide is following the terms of the Service Agreement
- OPTIONS northwest will meet with the Home Sharer at least once every sixty (60) days at their residence including one unannounced annual visit. The purpose of each visit is to ensure the minimum standards are being met by observing the personal safety and security of the Home Sharer.(Appendix A) (Appendix B)
 - Completing a physical verification of the residence and the living space is clean and safe
 - Checking safety requirements such as fire safety, health hazards and water quality (where applicable) are met
 - Connect Home Share Provides to other service providers and or professionals if needed



Personal Support Services

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- OPTIONS northwest will support the Home Sharer and Home Share provider to resolve and concerns as they arise.
- Any Serious Occurrences will be reported to the Ministry of Community and Social Services in accordance to the Serious Occurrence procedures by OPTIONS northwest.
- Review any incidents which have occurred.
- OPTIONS northwest will document all monitoring visits/inspections and record findings. OPTIONS northwest will also meet with the Home Share provider and Home Sharer to explore their views and opinions of the situation.
- Copies of this documentation will be available to the Home Share provider, Home Sharer and or the family/legal guardian.

Annual Visit And Policy Review:

On an annual basis the Manager of Community Services along with the Community Services Supervisor will complete an annual visit. During this visit, OPTIONS northwest staff will complete the "Home Share Program Assessment/Monitoring Visits Annual" (Appendix B). In addition to the interview questions for the Home Share provider and the Home Sharer, the Policies and Procedures as per (Appendix D).

Respite Support:

All respite providers will be required to complete a Respite Provider Application which includes providing references, a criminal reference check (with Vulnerable Sector) and providing proof of driver's license and auto insurance (if applicable). A dwelling assessment and Fire inspection may be required. (Appendix C).

All respite providers will be provided with OPTIONS northwest Vision, Mission and Philosophy, Service Principles, relevant policies and a list of emergency numbers.

Home Share providers agree to only use agency screened Respite providers.


RECOMMENDED BY: Director of Community Services

APPENDICES: 3

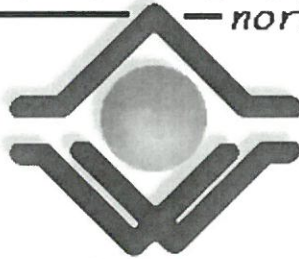
OPERATIONAL ACCOUNTABILITY: Community Services Administration,
Administration

ORIGINAL POLICY DATE: November 2017

AUTHORIZED BY: Executive Director

SIGNATURE: 

OPTIONS
— northwest



Personal Support Services

**Home Share Program
Assessment/Monitoring Visits
60 days**

Name: _____

Address: _____ **PHONE:** _____

DATE: _____
(Date of the meeting)

LOCATION: _____

HOMESHARER: _____

HOME PROVIDER: _____

OTHER: _____

UNSCHEDULED: _____

**QUARTERLY MEETING;
COMPLETED BY:** **Date of next Quarterly;** _____

Would the Home Share provider, Home Sharer or the Home Sharer's family/legal guardian like a copy of this report? _____

Document to be completed annually by the Community Services Supervisor. The Supervisor must also visit the Home Share home every 60 days and, annually, one visit must be unscheduled.

If this is a Quarterly meeting who does the Home Sharer wish to have present?

Home Assessment -To be reviewed Every 60 days

How has the transition been for the Home Sharer since moving into the Home Share provider home and or since coming into service under the Adult Developmental Services? (not necessary after Home Sharer is comfortable in his surroundings)

Is there a need for any additional training or supports specifically in the area of transitioning?

Has there been a change in circumstances which will prevent the Home Share provider from continuing?

Has the Home Sharer had contact with their natural family members? How did that go?

Any changes in Home Share providers' health which may affect situation?

Has the Home Sharer discussed any desire to move from this community?

Is the Home Sharer included in family activities? How is that going?

What activities do you enjoy doing together?

What new skills have the Home Sharer acquired or currently working on?

How has the Home Sharer participated in their community?

What relationships outside of the family home has the Home Sharer developed and how are those going?

What training/education has the Home Sharer received and what other training/education do they require or would like to participate in?

Are there any interactions with the Home Sharer that you are finding difficult to remain positive? Why? What did you do? Did you get the support you needed?

Has there been any change to the current occupants of the home? If yes, how so?

Are there any issues affecting the financial situation of the home?

Review of all financial paperwork and collect receipts.

Review the Serious Occurrence Reporting policy:

Review Feedback policy:

Review emergency contact numbers (e.g. OPTIONS northwest on call supervisor number):

RESPITE:

Review the emergency Respite plan. Are there any changes? _____

Is there a need for respite in the next 60 days? _____ Six months? _____

Is the Home Share provider wanting or needing a screening completed on a Respite provider? _____

Name _____ Contact information _____

The Home Share provider understands all respite providers must complete Agency screening? _____

HEALTH & SAFETY

Overall cleanliness – look at bedroom, living area, bathroom, kitchen
Fire Evacuation planning has been done – does person take part?

Review Fire Plan: Initial _____

Water check (if necessary) _____

Review and Health and Safety related issues: _____

Any known Health Hazards? _____

Complete Health and Safety checklist: _____

Follow Up:

PLANNING

Is the Individual Support Plan for the Home Sharer up to date?

Review the progress towards the goals.

TRAINING

Has the home provider attended any training sessions hosted by ONW or other agencies?

If yes, which ones? Were they helpful?

Is there any specific training you feel would be beneficial to you?

SUPPORT:

REVIEW WITH HOME PROVIDER

Has staff(s) been fulfilling their commitment to work with the Home Sharer?

Are they punctual? _____

Any concerns with regard to their work performance?

HOME SHARER'S VIEWS

OPTIONS northwest staff should meet with the individual away from the Home Share provider. If the Home Sharer requests another person of their choice (e.g. friend) could sit in during the interview to comfort the individual.

- Does the Home Sharer wish to have someone present during this meeting? _____
- If yes, whom would they like to have present? _____

Engage in a general conversation and explore if the Home Sharer is comfortable in his current placement.

- Do they feel comfortable in their room?
- Do they feel they have privacy?
- Are they happy with the meals they eat and do they have a say?
- Do they get along with others in the home?
- Have they had contact with their family/guardian?
- Are they staying active in the community?
- Are they interested in education, employment or other community activities?
- Do they feel safe?

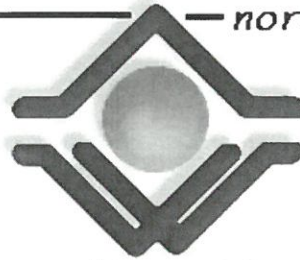
SUMMARY:

(Based on observations, notes, recommendations)

PLAN OF ACTION with TIME LINES:

(ie further planning, additional resources or supports as needed)

OPTIONS
— northwest



Personal Support Services

**Home Share Program
Assessment/Monitoring Visits
Annual**

Name: _____

Address: _____ **PHONE:** _____

DATE: _____
(Date of the meeting)

LOCATION: _____

HOMESHARER: _____

HOME SHARE PROVIDER: _____

OTHER: _____

COMPLETED BY: _____

Do you wish to have a copy of this report?

Home Sharer; Yes _____ No _____

Home Share Provider; Yes _____ No _____

Natural Family (if applicable); Yes _____ No _____

Annual Policy and Procedure signature sheet distributed to the Home Share provider. Yes _____ No _____ Date returned _____

Home Assessment

Review reason for providing home- still valid? Any concerns?

Any changes in home providers' health which affect situation?

Review any changes made due to person living with family. How's it going?

Has situation been stressful? How so? More training, support or respite needed?

What has provider done to support the individual to adjust to the home and feel comfortable?

Is the person included in family activities? How is that going?

What activities do you enjoy doing together?

What new skills have the individual acquired or currently working on?

How has the person participated in their community?

What relationships outside of the family home has the person developed and how are those going?

Has the person had contact with their natural family members? How did that go?

How has the person's health been? Are there any current issues?

Have there been disagreements? Why? How were they handled?

Are there any interactions with the individual that you are finding difficult to remain positive? Why? What did you do? Did you get the support you needed?

Who is currently living in the home?

Are there any issues affecting the financial situation of the home?

Have there been any unexpected expenses?

Review of all financial paperwork and collect receipts.

HEALTH & SAFETY

Annual Walkthrough completed – Date: _____

Overall cleanliness – look at bedroom, living area, bathroom, kitchen
Fire Evacuation planning has been done – does person take part?

Fire Department's annual inspection:

Household and car insurance – letter from their insurance companies stating they have a current policy. Letters would be attached to the contract.

Follow Up:

INFORMATION SHARING

Does the home provider know what is important to/for the home sharer? E.g.: privacy
How do they know?

Does the individual actively take part in daily routines? i.e family activities.

Are they encouraged to do so by the home provider?

Are Binders and medical information up to date?

NUTRITION

Are there any medical concerns/issues that would warrant a meal plan eg diabetes?

How does the family generally eat – Canada Food Guide, Take Out, (Finance receipts will help determine this)

What does home sharer like to eat?

Is there a diet restriction in place due to medical reasons i.e.. low sodium diet, diabetic (If it is the providers restriction how does this impact the individual?)

PLANNING

Is the plan for the individual up to date?

Does the home provider participate in the planning?

Follow up meetings?

Is the contract up to date?

TRAINING AND ADDITIONAL SUPPORTS

Has the home provider attended any training sessions hosted by ONW or other agencies?

If yes, which ones? Were they helpful?

Is there any specific training you feel would be beneficial to you?

Expiry date of First Aid/CPR _____

Date of RRPAs training _____

Is there a need to explore additional support within the community for the Home Share provider? This includes but not limited to support groups and connection to other Home Share providers or other community agencies? If so what types of supports are you interested in?

SUPPORT:

REVIEW WITH HOME PROVIDER AND ONW SUPERVISOR

Has there been contact with the ONW Supervisor this past year?

Dates:

For what reason?

How often does ONW Staff visit this home? What is done during these visits? Is contact sufficient?

Do you keep your binder in a handy place? Do you use it as a reference?

Do you have any concerns?

HOME SHARER'S VIEWS

OPTIONS northwest staff should meet with the individual away from the Home Share provider. If the Home Sharer requests another person of their choice (e.g. friend) could sit in during the interview to comfort the individual.

- Does the Home Sharer wish to have someone present during this meeting? _____
- If yes, whom would they like to have present? _____

Do you like your room? Would you change anything?

What do you do during the day/evening?

Would you like to change anything?

Do you always get along with the family provider?

What do you do when you don't get along with the family provider?

Do you do what you want in the community? If no, why?

Do you buy what you want all the time? If no, why?

What do you do to help around the house? Clean? Cook? Etc.
If not, why not?

Do you like the meals you eat? Why? Why not?

How have you been feeling? Do you have any concerns about your health?

Who do you spend time with outside of the family?

Have you spent time with your natural family? How did that go?

Other comments? Anything else you want to say?

SUMMARY:

(Based on observations, notes, recommendations)

PLAN OF ACTION with TIME LINES:

(ie further planning, additional resources or supports as needed)

- OPTIONS northwest -

HEALTH & SAFETY INSPECTION CHECKLIST

INSPECTOR(S):		LOCATION:
1. _____ PRINT NAME	_____ SIGNATURE	_____
2. _____ PRINT NAME	_____ SIGNATURE	DATE: _____

Below is a list of potential hazards, safety concerns, and /or expected standards to guide you on your inspection. Check off or initial each check point considered and record and prioritize on the inspection report, all safety concerns with a hazard identification rating, including unsafe acts observed and comment on and safety discussions held with staff.

FLOORS:

_____ **Floor coverings are intact (no loose material, broken tiles/flooring, torn rugs, debris)**

_____ **Flooring is dry**

_____ **Floor vents are uncovered and secure**

_____ **Free of tripping hazards (cords, curled rugs etc.)**

_____ **Baseboards are intact with no sharp edges or edges sticking out**

_____ **Baseboard heaters free from objects blocking them**

STAIRWELLS, HALLWAYS, ENTRANCE /EXITS:

_____ **Clear of obstruction, clutter and disrepair**

_____ **Handrails are present and secure**

_____ **Well illuminated**

_____ **If ramps are present, they are in good repair and secure**

MATERIAL/FOOD STORAGE:

_____ **Neatly stored, safely stacked, heavier and frequently used items stored at waist level**

_____ **Ample room to move amongst stored materials**

_____ **Dolly, ladder, step ladder and reacher available and in good repair**

_____ **All chemicals, disinfectants, and antiseptics properly stored and labeled**

_____ **Sharps container available for disposal of sharps (broken glass)**

_____ **Proper safe food handling being used (frozen meat should be placed on the bottom shelf of the refrigerator on a plate not left on the counter)**

_____ **Refrigerator temperature should be maintained at or below 4° C (40° F)**

_____ **Appropriate refrigerator thermometer present and in good repair**

_____ **All food stored in containers must be off the floor and properly labeled**

_____ **Food cupboard storage areas, free of food debris and dirt**

_____ **Sharp objects (knives etc.) stored in an enclosed drawer or cupboard**

_____ **Medication storage must have a lock in good repair and remain locked when not in use**

LIGHTING/ELECTRICAL:

_____ **Appropriate task lighting**

_____ **Light fixtures and bulbs in good working repair**

_____ **Extension cords are free of fraying, wire exposure, broken prongs, and do not present a tripping hazard**

_____ **Outlets are not overloaded**

_____ Power bars are used according to manufacturer's guidelines and in good working repair

_____ Electrical switches and outlets have intact covers

_____ Electrical panel must be free from stored items

TEMPERATURE:

_____ Hot water tank temperature setting not set past 49°C/120°F

_____ Water temperature must not be greater than 49°C/120°F

_____ Thermometer available and in good repair for water testing (candy thermometer can be used)

_____ Temperature of the home thermostat should not be less than 20°C or greater than 26°C

_____ Home air conditioner in good working repair - not set lower than 20°C or greater than 26°C

SANITATION:

_____ Washrooms available and in good working repair, disposable towels available for drying hands, liquid soap available

_____ Waterless hand sanitizer available for use

_____ Approved hand washing signs posted at each sink (TBDH unit sign)

_____ Observing Universal Precautions

_____ Disinfectant available for staff's use when needed

VENTILATION/HEATING SYSTEM:

_____ All vents are free from dust build up

_____ Furnace filters are checked and cleaned as per schedule

_____ Vents for furnace rooms must be clean and free of debris

OUTDOORS:

_____ Sidewalks, walkways, driveways are free from ice buildup and are in good repair (i.e. free of pot holes, tripping hazards)

_____ Outdoor grounds are free from holes and obstacles

_____ Sand, salt and shovel is readily available in season

_____ Walkways and driveways are well lit

_____ All outdoor lights are in good repair

_____ Outdoor wood decks/fences are free from signs of rotten, loose or broken boards

_____ Garbage containers have tight fitting lids (if being used)

_____ Garbage is being stored in an outdoor shed to prevent animals from destroying the bags

_____ BBQ's inspected prior to use in the spring and have a grease drip can attached

_____ BBQ's are not being placed against any buildings

_____ Check propane tanks, valve must be in off position

_____ BBQ must be kept 2-3 metres away from buildings (6-10 feet)

GENERAL GROUP HOME EQUIPMENT:

_____ Check all furniture for good repair and design (no sharp edges, broken drawers or slider, chairs too low etc.)

_____ All cupboards, drawers etc. closed when not in use

_____ All wall fixtures, book cases, TV mountings etc. are secure

_____ Interior/exterior doors & windows are properly sealed and in good working repair

_____ Check household appliances for cleanliness and in good working repair (e.g. oven, refrigerator)

_____ Clothes dryer vent is free from lint and area behind the dryer is clean

_____ **Water taps are in good working repair**

_____ **All installed fans are in good working repair (bathroom, kitchen etc.)**

SECURITY:

_____ **Emergency service numbers posted by the telephone along with address and phone number of group home**

FIRE PROCEDURES:

_____ **Check to see fire extinguishers have been checked on a monthly basis and annually by a qualified inspector**

_____ **Fire exit plans posted at each exit**

_____ **Check to see smoke alarms have been tested and recorded**

_____ **Check to see the monthly fire drill has been completed and recorded**

FIRST AID:

_____ **First Aid kit location is known to all**

_____ **First Aid kit is well stocked according to supplies required under Regulation 1101 (a copy of Regulation 101 must be in the kit)**

_____ **First Aid kit includes a CPR mask**

HOME SHARE

RESPITE PROVIDER

DATE: _____

FAMILY NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

Interview _____

FAMILY NAME: _____

Husband

Name:
Date of Birth:
Place of Birth:
Language:
Religion:
Occupation:

Wife:

Maiden Name:
Date of Birth:
Place of Birth:
Language:
Religion:
Occupation:

Children:

	<u>Name</u>	<u>D.O.B.</u>	<u>Location</u>	<u>Occupation</u>
1.	_____			
2.	_____			
3.	_____			
4.	_____			
5.	_____			

Other person(s) in home:

	<u>Name</u>	<u>D.O.B.</u>	<u>Location</u>	<u>Occupation</u>
1.	_____			
2.	_____			

Reasons for which these people are residing with your family?

Languages spoken in the home: 1. _____
2. _____

Pets: _____, _____

Updated Vaccinated: Yes or No

INTERVIEW

Date: _____

Present: Applicant 1: _____ Applicant 2: _____

A) MEDICAL BACKGROUND

1. Describe the state of your health:

Applicant 1:

Applicant 2:

Children:

2. Do you have any health problems at this time?

Applicant 1:	Yes	_____	No	_____
Applicant 2:	Yes	_____	No	_____
Children:	Yes	_____	No	_____

If yes, explain:

3. Are there any significant illnesses or injuries that you have had in the past?

Applicant 1: Yes _____
Applicant 2: Yes _____
Children: Yes _____

No _____
No _____
No _____

If yes, explain:

B) PROVIDER/FAMILY

1. Can you tell me a little bit about your family?

Applicant 1: _____

Applicant 2: _____

2. Have you spoken with your family about providing respite to a person with a disability?

Yes _____ No _____

What was their response?

3. What are some social and recreational activities you do together as a family?

4. What are some activities, interests or hobbies that you enjoy?

5. What are some characteristics of your personality that you like or are proud of?

Applicant 1: _____

Applicant 2: _____

6. What are some characteristics of your personality that you try and control or try to improve?

Applicant 1: _____

Applicant 2: _____

7. Describe the personality of your children.

8. What kind of personality would you like the person staying with you to have? *(If know them already, describe their personality)*

C) MOTIVATION

1. When and how did you hear about the program?

-
2. What are the reasons for which you want to become a Respite Provider to adults with a disability?

Applicant 1: _____

Applicant 2: _____

3. What do you think will be the best part of being a Respite Provider? Why?

Applicant 1: _____

Applicant 2: _____

4. What do you think will be the hardest part of being a Respite Provider? Why?

Applicant 1: _____

Applicant 2: _____

D. EXPECTATIONS

9. What kind of changes do you think your family or yourselves will have to make when you provide respite to a person with a disability?

10. How would you feel about having to make these or any changes while you are providing respite?

11. When a situation or behaviour becomes stressful for you or your family, how do you deal with the stress? What actions can you take that will help diminish the stress?

Applicant 1: _____

Applicant 2: _____

12. What are the behaviours which you would find very difficult to accept from someone staying with you?

Applicant 1: _____

Applicant 2: _____

13. What can you (as a family or individual) do to help make the person staying with you feel more comfortable and secure?

14. What would be some general expectations that you would like the person staying with you to fulfill?

Applicant 1: _____

Applicant 2: _____

15. How would you deal with a disagreement with the person staying with you?

Applicant 1: _____

Applicant 2: _____

16. How would you deal with a person acting out? eg. stealing, slapping, breaking an object?

Applicant 1: _____

Applicant 2: _____

Visual assessment of home, especially the Home Sharer's bedroom:

General impressions of family:

PHYSICAL DWELLING ASSESSMENT FORM

Name: _____

Date Completed: _____

Address: _____

Inspected By: _____

Title: _____

Postal Code: _____

Telephone: _____

COMMENTS

1. Type of Dwelling

Boarders (where applicable)

Number _____

Private Business in Home

Yes/No

City Water

Yes/No

Well Water (attach testing documentation)

Yes/No

Proper Ventilation

Yes/No

Temperature Maintained at 70°F (20°C)

Yes/No

Heat and Lights

Adequate

Inadequate

Good

Location of Telephones

Easily Accessible

Emergency Numbers (posted by all phones)

Yes/No

2. Indoor Play Space

Family Room

Yes/No

Living Room

Yes/No

Basement

Yes/No

Other

Yes/No

3. Sleeping Space

Vacant Bedroom(s)

Yes/No

Number _____ Location _____

Shared Bedroom(s)

Yes/No

Other Person _____

Number _____ Age _____ Sex _____

Appropriate Heat

Yes/No

Appropriate Lighting

Yes/No

Appropriate Window

Yes/No

Adequate Dresser

Yes/No

Wheelchair Accessible

Yes/No

4. Nearby Schools, Playgrounds, Parks and Library

Schools

Yes/No

Parks

Yes/No

Library

Yes/No

5. <u>Pets</u>	Yes/No	<u>How Many</u>
Care (rabies and shots)		Good Adequate
6. <u>Kitchen</u>		
Fire Extinguisher	Yes/No	_____
Storage of Cleaning Supplies	Yes/No	_____
Hazardous Products or Materials (locked)	Yes/No	_____
Storage of Medications (locked)	Yes/No	_____
First Aid Kit and Manual	Yes/No	_____
Appliances (gas/electric)	Yes/No	_____
7. <u>Bathroom</u>		<u>How Many</u>
Medicine Cabinet (locked, safety)	Yes/No	_____
Wheelchair Accessible/useable	Yes/No	_____
Renovations Required	Yes/No	_____
8. <u>Halls and Stairways</u>		
Halls carpeted	Yes/No	_____
Stairways carpeted /anti slip treads)	Yes/No	_____
Stairways clear of obstruction	Yes/No	_____
Top of stairway safe - upstairs	Yes/No	_____
Top of stairway safe – to basement	Yes/No	_____
Stair gates needed – top of stairs	Yes/No	_____
Stair gates needed - to basement	Yes/No	_____
9. <u>Outdoor Facilities</u>		
Yard	Yes/No	_____
Fencing	Yes/No	_____
Gate	Yes/No	_____
Pool	Yes/No	_____
Life Saving Equipment	Yes/No	_____
Danger from Road	Yes/No	_____
10. <u>Large Play Equipment</u>		
Swing Set	Yes/No	_____
Sand Box	Yes/No	_____
Wading Pool	Yes/No	_____
Other	Yes/No	_____

11. **Storage of Tools/Paints/Gardening Supplies**

Locked Away Yes/No _____
Safe Area Yes/No _____

12. **Fire Arms**

Yes/No _____
Locked Away Yes/No _____
Key (inaccessible) Yes/No _____
Ammunition Yes/No _____
Locked Separately Yes/No _____

13. **Fireplaces/Woodstoves**

Yes/No _____
Location Yes/No _____
Screened Yes/No _____
Railing Yes/No _____
Wett Test – documentation attached Yes/No _____

14. **Fire Precautions**

Number of Smoke Detectors _____ Where _____
Battery or Electric (circle one) _____
Acceptable method for upstairs evacuation Yes/No _____
Fire Extinguisher(s) Yes/No _____
Evacuation procedures known well Yes/No _____
CO2 detector (if gas heating) Yes/No _____

15. **Wheelchair Accessibility**

Main Entrances Yes/No _____
Bathroom(s) Yes/No _____
Living Room Yes/No _____
Dining Room Yes/No _____
Bedroom (space) Yes/No _____

16. **Transportation Insurance**

Own Car(s) Yes/No _____
Auto Liability Insurance Yes/No _____
 Copy on File (date) Yes/No _____
House Liability Insurance Yes/No _____
 Copy on File (date) Yes/No _____
Other (i.e. ATV, boat, etc) Yes/No _____

17. **Check List**

- Basement (finished/not finished/ utilized) _____
- Outside Exits (where, number) _____
- Freezer (standing or chest) _____
- Wiring (amps) _____
- Thermostat on Water Heater (120F) _____
- Adequate and Accessible Exits _____
- Adequate Floor Coverings _____
- Equipment and Furnishings Safe and Clean _____
- Carpets cleaned last (date) _____

For person Receiving Home Support Services:

- 1. Is bedroom in a building detached from the home providers home? Yes/No
- 2. Is bedroom in an unfinished basement? Yes/No
- 3. Is the bed and mattress suitable with bedding that is appropriate to the weather and climate? Yes/No
- 4. Is the bedroom shared with others? Yes/No

Additional Comments: _____

Other: _____

