

SUPPORTED LIVING SERVICES INITIAL HOUSING SURVEY

NAME _____

ADDRESS _____

DATE OF SURVEY _____

MOVE IN DATE _____

(If before date of survey, explanation must be included)

_____ Individual's name is on the lease/mortgage

_____ Copy of the lease has been placed in individual's records at HSNF office.

_____ The dwelling is located in an area which accounts for no more than 10 percent of the houses or 10 percent of the units in an apartment complex.

_____ No more than two other people who have developmental disabilities reside in the home

_____ Flush toilet in separate bathroom, in working condition

_____ Fixed basins (kitchen and bathrooms) with hot & cold water, in working condition

_____ Shower or tub with hot and cold water in working condition

_____ Bathroom has at least one opening window or exhaust ventilation

_____ Water from hot water heater not more than 120 F

_____ Non-skid surfaces are present in all bath tubs and shower stall floors. (Removable rubber mats or adhesive strips are acceptable).

_____ Suitable place to store, prepare, and serve food in a sanitary manner

_____ Garbage can/bin

Initial Housing survey (cont)

- _____ Stove or range of appropriate size, in operating condition
- _____ Refrigerator of appropriate size, in operating condition
- _____ Kitchen sink with hot and cold water
- _____ A portable fire extinguisher is located in the kitchen
- _____ Sink drains into approved public or private system
- _____ Separate living room and at least one bedroom
- _____ Safe heating and cooling that reaches all rooms (unvented room heaters that burn gas, oil, kerosene not acceptable)
- _____ One operative window in each living and sleeping room
- _____ Window dressings are adequate to maintain privacy
- _____ At least two electric outlets in the living area, kitchen, and each bedroom
- _____ At least one smoke detector is mounted in an appropriate location and functions (fresh batteries)
- _____ No serious defects in interior/exterior walls, ceiling, or floor; floor should not move when walking
- _____ No visible safety hazards are apparent, including empty light sockets, frayed cords or wires, or discoloration around electrical sockets
- _____ Roof structure is firm
- _____ No danger of tripping in stairways, halls, porches, walkways
- _____ Free of dangerous levels of air pollution from carbon monoxide, sewer gas, fuel gas, dust, etc.
- _____ Air circulation adequate throughout
- _____ Water supply free of contamination
- _____ Alternate means (doorway for individuals using a wheelchair) of escape available in case of a fire
- _____ Handicap facilities are available and accessible for individuals using a wheelchair
- _____ If required, grab bars are mounted in appropriate locations
- _____ Free of lead base paint

_____ Elevator is safe, operating condition (if applicable)

_____ Free of rodent infestation

_____ Neighborhood free of health hazards such as dangerous walk steps, poor drainage, sewage hazards, abnormal air pollution, excessive accumulation of trash, rodent infestation, or fire hazards

_____ Unit able to be used freely and maintained without unauthorized use by other individuals

Any other comments regarding the individual's housing that should be considered:

Waivers requested (if any) _____

Date waiver requested _____ Date waiver approval received _____

(copy of approval must be attached)

Supported Living Coach Signature _____

Date _____

Support Coordinator Signature _____

Date _____