# DAIL Shared Living

# **Housing Assessment Request Form**

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**BEFORE** contacting the Housing Safety Contractor:

1. The pre-inspection needs to be completed, non-compliant items corrected, and the required documentation must be uploaded into the shared living Housing Portal.
2. To schedule the Home Safety Assessment, fill out this form and submit via e-mail to the Housing

Safety Contractor.  [dail@evergreenehs.com](mailto:dail@evergreenehs.com)

1. **All** information is required to be filled out, including the AID number.

|  |  |  |
| --- | --- | --- |
| Shared Living Provider’s Last Name |  | Click or tap to enter text |
| Home Location (911 Address) |  | Click or tap to enter text |
| Agency (use drop down box) |  | Choose an Agency |

|  |  |  |
| --- | --- | --- |
| Assessment Type(s) (use drop down box) |  | **Safety** |
|  |  | Choose an item. |
| AID Number(s) from the Housing Portal |  | Click or tap here to enter text. |

**The Home Safety Assessment has been created, the pre-inspection has been completed and any known non-compliant items have been corrected, and all of the required documentation has been uploaded into the DAIL Housing Portal under the Related tab of the Initial Home Safety Assessment. The inspection is ready to be scheduled with the Housing Safety Contractor.**

**Provider Agency Staff Person filling out form:** Click or tap here to enter text.

**Date: Click or tap to enter a date.**

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