State of Vermont

Department of Disabilities, Aging & Independent Living

**Shared Living Home Pre-Inspection for Accessibility Assessment**

Directions: *Agency Service Coordinator or other staff member will do an in-person walk through of the home and an interview with the shared living provider. Upload completed document to the DAIL Housing Portal and provide copy to the licensed professional conducting the functional assessment.*

*Please complete all blue areas and answer all questions*

|  |  |
| --- | --- |
| PARTICIPANT NAME: | Click or tap here to enter text. |
| PARTICIPANT AGE: | Click or tap here to enter text. |
| SHARED LIVING PROVIDER NAME: | Click or tap here to enter text. |
| ADDRESS: | Click or tap here to enter text. |
| AGENCY NAME: | Click or tap here to enter text. |
| NAME/TITLE OF AGENCY STAFF MEMBER: | Click or tap here to enter text. |
| DATE OF PRE-INSPECTION: | Click or tap here to enter text. |
| AID NUMBER: | Click or tap here to enter text. |
| CASE NUMBER: | Click or tap here to enter text. |

***QUESTIONS RELATED TO THE HOME***

1. **What are the common areas inside of this home?** Please include details regarding how the Participant uses these common areas.

Click or tap here to enter text.

1. **What are the common areas outside of the home that occupants most likely would gather?** Please include details describing how the Participant uses the outside area as well as how they would like to use the outside area.

Click or tap here to enter text.

1. **What is the accessible route to the home that the participant will use?** Please include details describing how the Participant accesses the home and include a description of any assistance received.

Click or tap here to enter text.

* 1. **Does this accessible route have a ramp?** YES NO

1. **What bathroom will the participant regularly use?** Please also describe how the bathroom is used by the Participant.

Click or tap here to enter text.

1. **Are there any fall or trip hazards?** YES NO

If yes, please describe the hazard and how the Participant currently navigates the area including what assistance is received.

Click or tap here to enter text.

1. **Are there interior stairs in the home?** YES  NO

If yes, do the stairs lead to an area the participant will access or a common or gathering area? Please describe how the Participant navigates the stairs and what type of assistance, if any, is received.

Click or tap here to enter text.

1. **Is the participant’s sleeping area separate from the home or an apartment within the home?** NO YES If yes, please explain.

Click or tap here to enter text.

1. **Is the home provider’s area accessible to the participant?** YES NO

If no, how would the participant reach the home provider if needed?

Click or tap here to enter text.

***QUESTIONS RELATED TO THE PARTICIPANT***

1. **Are there any physical barriers for the participant to move freely around the home environment?** If yes, please describe how the Participant navigates the barrier of what type of assistance is received, if any.

Click or tap here to enter text.

1. **Are there issues with grip or grasp strength?** YES  NO

If yes, please explain.

Click or tap here to enter text.

1. **Describe any visual impairments that may limit the participant’s ability to freely move around the home environment.** If assistance is necessary to navigate areas of the home environment, please describe.

Click or tap here to enter text.

1. **Describe any hearing impairment that may limit the participant’s ability to freely move around the home environment.**

Click or tap here to enter text.

1. **Are there any cognitive, sensory, mental health or other issues that may limit the participant’s ability to navigate their home environment?** YESNO If yes, please explain.

Click or tap here to enter text.

1. **Please list any adaptive devices (wheelchair, walker, cane, etc.) or other supportive needs for mobility (someone’s arm, furniture, etc.) the participant uses inside the home.**

Click or tap here to enter text.

1. **Please list any adaptive devices (wheelchair, walker, cane, etc.) or other supportive needs for mobility (someone’s arm, furniture, etc.) the participant uses outside the home.**

Click or tap here to enter text.

1. **Are the inside common/gathering areas identified above accessible to the participant?** YES  NO If no, please explain.

Click or tap here to enter text.

1. **Is the participant able to access the outside environment?**

YES NO If no, please explain.

Click or tap here to enter text.

1. **How will the participant utilize the kitchen area? (preparing meals or snacks, etc.)**

Click or tap here to enter text.

1. **Where does the participant bathe and what method is used (shower, bath, other)?**

Click or tap here to enter text.

**12. What level of assistance does the participant require:**

* 1. Bathing: Choose an item.
  2. Personal Hygiene: Choose an item.
  3. Toilet Use: Choose an item.
  4. Mobility: Choose an item.

***ADDITIONAL INFORMATION***

1. **Please provide a summary of the participants medical condition(s) that may affect their ability to freely move throughout the home.**

Click or tap here to enter text.

1. **Please describe any cultural concerns that are relevant.**

Click or tap here to enter text.

1. **Please provide any other information that would be helpful to the Accessibility Contractor about the likes and dislikes of the Participant and any hobbies or activities they find especially enjoyable.**

Click or tap here to enter text.

1. **Please detail any instructions the contractor should know prior to the visit** (i.e. the family requests all visitors wear face covering when visiting the home.) Click or tap here to enter text.
2. **Please list all modifications the Agency feels would benefit the participant and caregiver that would enhance safety and promote independence.**

Click or tap here to enter text.