



Personal Assistance Environmental Checklist

In compliance with federal rules that require safety of staff and the person receiving services, the Department of Intellectual and Developmental Disabilities (DIDD) requires inspection of all private homes as the first step in providing Personal Assistance services. Should it be necessary, the DIDD Case Manager/ISC and the provider will work with the family to find resources to ensure the home meets these standards. However, if the standards are not met, PA services may not be provided and other service alternatives will be offered.

		Yes	No
a.	Dangerous stairs or floors	<input type="checkbox"/>	<input type="checkbox"/>
b.	Unable to get to home entrance	<input type="checkbox"/>	<input type="checkbox"/>
c.	Unable to get to bathroom or bedroom	<input type="checkbox"/>	<input type="checkbox"/>
d.	Major appliances not working	<input type="checkbox"/>	<input type="checkbox"/>
e.	No heating or cooling	<input type="checkbox"/>	<input type="checkbox"/>
f.	No water or hot water / toilet not working	<input type="checkbox"/>	<input type="checkbox"/>
g.	Home has unpleasant odor or pests	<input type="checkbox"/>	<input type="checkbox"/>
h.	Smoke alarms are not installed	<input type="checkbox"/>	<input type="checkbox"/>
i.	Electrical hazards are present	<input type="checkbox"/>	<input type="checkbox"/>
j.	Lighting is not adequate for safety (indoors or out)	<input type="checkbox"/>	<input type="checkbox"/>
k.	Stove is unsafe	<input type="checkbox"/>	<input type="checkbox"/>
l.	Loose or slippery rugs (fall hazard)	<input type="checkbox"/>	<input type="checkbox"/>
m.	Locks for doors and/or windows are not operational	<input type="checkbox"/>	<input type="checkbox"/>
n.	Other problems? Describe, i.e. accessibility and other concerns including dangerous neighborhood or family conditions	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	No
1.	In case of an emergency, such as a fire, do you think you would be able to get out of your house or apartment safely?	<input type="checkbox"/>	<input type="checkbox"/>
2.	In case of an emergency, such as a fire or fall, do you think you could summon help to your home?	<input type="checkbox"/>	<input type="checkbox"/>

Signature of person completing form

Date

Signature of person supported

Date

Signature of family or legal representative

Date



If **Yes** is checked to any of the above (a. through n.), the condition must be corrected. Documentation of corrective action must be maintained for review as warranted.