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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  **Companion Home Physical and Safety Requirements Review** | | COMPANION HOME  Current Provider  Applicant |
| COMPANION HOME PROVIDER’S OR APPLICANT’S NAME | | | |
| COMPANION HOME ADDRESS | | | |
| CLIENT’S NAME | | | |
| List any specialized equipment or devices the client uses: | | | |
|  | | | |
| Is the home physically accessible to the client? | | | Yes  No |
| Does the client have direct, unrestricted access to all common areas of the home? | | | Yes  No |
| Are all entrances and exits in the home unblocked? | | | Yes  No |
| If the client uses mobility aids, is there adequate space in the home? (Choose “N/A” if the client does not use any specialized equipment or devices.) | | | Yes  No  N/A |
| Is the home maintained in a safe and healthy manner? | | | Yes  No |
| Are flammable and combustible materials stored safely? | | | Yes  No |
| Is there a working smoke detector close to the client’s bedroom? | | | Yes  No |
| Does the smoke detector meet any specialized needs the client has due to loss of vision or hearing? (Choose ”N/A” if no specialized smoke detector is needed.) | | | Yes  No  N/A |
| Does the home have a five-pound 2A:10B-C fire extinguisher? | | | Yes  No |
| Does the home have a first-aid kit? | | | Yes  No |
| Is there a working telephone accessible to the client? | | | Yes  No |
| Is there a working flashlight or alternative light source accessible to the client? | | | Yes  No |
| Is emergency contact information accessible to the client? | | | Yes  No |
| Is there an evacuation plan completed and accessible to the client? | | | Yes  No |
| Is there a railing for any patio, deck, porch, or balcony that is more than 12 inches off the ground? (Choose ”N/A” if the home has no patio, deck, porch, or balcony.) | | | Yes  No  N/A |
| Is there an accessible, private bedroom for the client? | | | Yes  No |
| Does the client’s private bedroom have a door that locks from the inside? (Choose “N/A” if the client’s Person-Centered Service Plan indicates that it is unsafe for the client to have a locking door.) Attach PCSP. | | | Yes  No  N/A |
| Does the client’s bedroom have an exit that does not rely solely on a window, ladder, folding stairs, or trap door? | | | Yes  No |
| Is the water temperature at the Companion Home/applicant’s home 120 degrees Fahrenheit or less? | | | Yes  No |
| If there any bodies of water over 24 inches deep at the Companion Home / applicant’s home, is the body of water enclosed by a fence that is at least 48 inches high? (Choose “N/A” if the home has no bodies of water over 24 inches deep.) | | | Yes  No  N/A |
| If there is a door or gate that leads directly to a body of water, does it have an audible alarm? (Choose “N/A” if the home has no bodies of water over 24 inches deep.) | | | Yes  No  N/A |
| **All physical and safety requirements listed above must be met prior to a client moving in to the Companion Home. If the client’s needs change while receiving Companion Home Services, the Companion Home must continue to meet the physical and safety requirements for the client to remain in the home.**  **Any “No” answers must be resolved:**   * **Prior to delivering Companion Home Services to a client;** * **Within 24 hours for health and safety concerns for a current Companion Home; or** * **Within 10 days of a non-health and safety-related concern in a current Companion Home unless an alternative time-frame is mutually agreed upon.** | | | |
| RESOURCE MANAGER’S SIGNATURE | | PRINTED NAME | DATE OF HOME VISIT |
| RESOURCE MANAGER ADMINISTRATOR / DESIGNEE REVIEW  Home meets Physical and Safety Requirements  Home Does Not meet Physical and Safety Requirements | | | |
| RESOURCE MANAGER ADMINISTRATOR / DESIGNEE SIGNATURE | | PRINTED NAME | DATE OF REVIEW |