

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:	
PARTICIPANT AGE:	
SHARED LIVING PROVIDER NAME:	
ADDRESS:	
AGENCY NAME:	
NAME/TITLE OF AGENCY STAFF MEMBER:	
DATE OF PRE-INSPECTION:	
AID NUMBER:	
CASE NUMBER:	

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.

- 2. 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.

3. 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.

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

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

5. 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.

6. 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.

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

- 8. Is the home provider's area accessible to the participant?** YES NO
If no, how would the participant reach the home provider if needed?

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.

- 2. Are there issues with grip or grasp strength?** YES NO
If yes, please explain.

- 3. 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.

- 4. Describe any hearing impairment that may limit the participant's ability to freely move around the home environment.**

- 5. Are there any cognitive, sensory, mental health or other issues that may limit the participant's ability to navigate their home environment?**
YES NO If yes, please explain.

- 6. 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.**

- 7. 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.**

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

- 9. Is the participant able to access the outside environment?**
YES NO If no, please explain.

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

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

12. What level of assistance does the participant require: (Use one of the following: Total Independence, Supervision, Limited Assistance, Extension Assistance)

- a. Bathing:
- b. Personal Hygiene:
- c. Toilet Use:
- d. Mobility:

ADDITIONAL INFORMATION

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

- 2. Please describe any cultural concerns that are relevant.**

- 3. 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.**

- 4. 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.)**

- 5. Please list all modifications the Agency feels would benefit the participant and caregiver that would enhance safety and promote independence.**