

Housing Assessment

Individual's Name: _____

	Yes	No	Comments
Lives alone?			
Lives with family and friends?			
Lives in a nursing home?			
Lives in public housing?			
Owns their residence?			
Rents their current residence?			
Has a wheelchair accessible home?			
Needs any modification made to home?			
Has permission from landlord to modify current residence?			
Needs help in transitioning from a nursing home?			
Needs help in finding suitable living quarters?			
Needs help in submitting application for public housing?			
Are there restrictions in finding suitable housing due to felony convictions?			
Other: [Enter] for more			

Potential Housing Adaptations/Recommendations

Evaluations:

Wheelchair and Walking Ramps:

Housing Assessment

Bathroom Accommodations:

Kitchen Accommodations:

Other:

Training:

Use of Adaptive Equipment:

Other:

Equipment:

Wheelchair Ramps:

Adaptive Seating and Positioning Devices:

Adaptive Door Handles:

Raised Toilet Seat:

Housing Assessment

Toilet Grab Bars:

Shower Grab Bars:

Bathtub Grab Bars

Shower Chair:

Hand-held Shower:

Lighted Door Bell:

Lighted Smoke Detector:

Automatic Door Opener:

Stair Lift:

Carpet with low nap:

Housing Assessment

Hoyer Lift Tracking System:

Other:

EC Name: _____

Date: _____