

HOME HEALTH REPORT

Name of Caretaker		Age	ID #	<input type="radio"/> In-home	<input type="radio"/> Out of home		
Address		Apt. #	City	State	Zip		
Children's Names		DOB	Placement Date	Commitment Date			
Type of Home		Bedrooms	Bathrooms	Living Room	Dining Room	Kitchen	Basement
<input type="radio"/> Public Housing <input type="radio"/> Detached <input type="radio"/> Semi-detached <input type="radio"/> Row <input type="radio"/> Apartment <input type="radio"/> Other		Other Areas (specify)					
Sleeping Arrangements for Committed Children (specify where and with whom sharing bedroom)							
Household Member Names			Age	Relationship			
Basic Health/Sanitation		YES	NO		YES	NO	
Cooking facilities are clean and functional				Exposed Electrical wiring			
Lights are Adequate				Year was house built			
Refrigeration is clean and functional				Home has a lead certificate			
Toilet facilities are clean and functional				Peeling or Flaking Paint			
Prescription and OTC drugs stored securely				Peeling or Flaking Plaster			
Household cleaners stored securely				Peeling or Flaking Wallpaper			
Window Coverings have no loose cords				Broken Window(s)			
Firearms in the home				Broken Door(s)			
# of firearms in the home				Broken Step(s)			
Firearms stored and locked securely				Hole(s) in Wall(s)			
Ammunition stored separately & locked				Hole(s) in Ceiling(s)/Door(s)			
Firearms registered/licensed				Rodent Infestation			
Hot & Cold Running Water (Recommend <120°F)				Insect Infestation			
Public Water				Mold			
Well Water (date of last water well test:)				Extreme Debris in Living Area			
Smoke Detector hard wired				Animals in the home			
Smoke Detector with 10 yr lithium battery				Animal's rabies current			
Smoke detector on each level of home				Animal Feces			
Smoke detector in each bedroom				Each bedroom has 2 exits			
Smoke detector tested and operable				Swimming pool on property			
Fire Extinguisher				Above ground top is 4 ft above ground			
Carbon Monoxide Detector				Above ground pool has locking or removal ladder			
Operable Services for Heating							
Heat Source Free of Combustible materials				Inground pool is surrounded by 4 ft fence & locking gate			
Type of heating source:	<input type="radio"/> Electric <input type="radio"/> Gas <input type="radio"/> Oil						
Type of cooking source	<input type="radio"/> Electric <input type="radio"/> Gas			Inground pool has power safety cover			

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HOUSEKEEPING				
<input type="radio"/> Excellent	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor
Summary of Findings (include problems identified)		Plan for Remedying Problems (include follow-up needed)		
INVENTORY RESULTS				
<input type="radio"/> Home Meets Basic Health and Sanitation Needs				
<input type="radio"/> Home Does not Meet Basic Health/Sanitation Standards Reassess in _____ Days.				
<input type="radio"/> Home Cannot Meet Basic Health/Sanitation Standards _____ Child(ren) removed				
Note: THIS ASSESSMENT IS NOT A FORMAL HOUSING INSPECTION. IT IS BASED ON A VISUAL APPRAISAL TO DETERMINE READILY APPARENT PROBLEMS.				
WORKER NAME	DATE	CARETAKER SIGNATURE	DATE	

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