



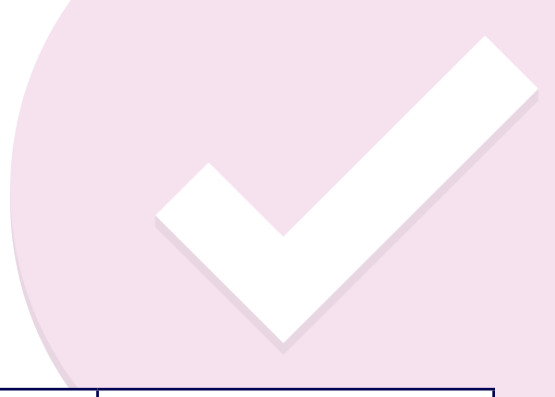
Home Evaluation & Safety Checklist



PA Name:		Case number:	
Date of arrival:		Case size:	
Address:		Temporary (T) or Permanent (P) Housing:	
Acceptability		Compliant (Y/N)	Notes (if applicable)
Both the housing site/complex and neighborhood appear decent, safe, and sanitary (interior and exterior).			
Space		Compliant (Y/N)	Notes (if applicable)
Minimum habitable area for each occupant, including number of bedrooms or sleeping areas provided, to the extent possible. Immediate families should be housed together, and single cases should not be asked to share a room with unrelated cases of opposite gender.			
Safety		Compliant (Y/N)	Notes (if applicable)
There is no visible bare wiring			
There is no peeling or flaking interior paint or plaster			
There is no visible mold			



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There are no detectable, dangerous, or unsanitary odors		
Emergency escape route(s) have been identified and are accessible		
Fire extinguishers are accessible and can be easily located in any required areas		
All windows and outside doors have working locks		
There are an appropriate number of working smoke detectors (<i>ensure they have working batteries</i>)		
Windows are in working order with no evidence of broken glass		
Heat, ventilation, lighting, hot and cold running water are adequate and in working order		
Electrical fixtures are in good repair (<i>check for light bulbs, verify that electricity works</i>)		
Lead Safety Check	Compliant (Y/N)	Notes (if applicable)
Residence either built after 1978 or meets all lead safety requirements		
Extermination	Compliant (Y/N)	Notes (if applicable)
No evidence of current rodent or insect infestation		



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Disability Accommodation <i>(for cases with disabilities, note the disability)</i>	Compliant (Y/N/NA)	Notes (if applicable)
Housing is free of or permits the removal of architectural barriers and otherwise accommodates known disabilities, to the extent required by law		

Length of lease agreement:	
Monthly rent:	\$
Security deposit: <i>(write amount or WAIVED)</i>	\$

<p>Based on the above findings on this date, I found this housing meets the basic minimum standards set forth in the Cooperative Agreement.</p>	
<p>Signatures</p>	
Date:	
Community Partner Rep Signature:	
Staff Member Name:	
Staff Member Signature:	