



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
**Companion Home Physical and Safety
 Requirements Review**

COMPANION HOME	
<input type="checkbox"/>	Current Provider
<input type="checkbox"/>	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the client have direct, unrestricted access to all common areas of the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all entrances and exits in the home unblocked?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the home maintained in a safe and healthy manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are flammable and combustible materials stored safely?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a working smoke detector close to the client's bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the home have a five-pound 2A:10B-C fire extinguisher?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the home have a first-aid kit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a working telephone accessible to the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a working flashlight or alternative light source accessible to the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is emergency contact information accessible to the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an evacuation plan completed and accessible to the client?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> N/A	
Is there an accessible, private bedroom for the client?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> N/A	
Does the client's bedroom have an exit that does not rely solely on a window, ladder, folding stairs, or trap door?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the water temperature at the Companion Home/applicant's home 120 degrees Fahrenheit or less?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> N/A	
<p>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.</p> <p>Any "No" answers must be resolved:</p> <ul style="list-style-type: none"> • 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		
<input type="checkbox"/> Home meets Physical and Safety Requirements <input type="checkbox"/> Home <u>Does Not</u> meet Physical and Safety Requirements		
RESOURCE MANAGER ADMINISTRATOR / DESIGNEE SIGNATURE	PRINTED NAME	DATE OF REVIEW