

Client Name

DOB

Street Address

Concern * No Concern		*Requires documentation	Concern * No Concern		*Requires documentation
<b>HOUSING / LIVING SITUATION</b>			<b>FOOD PREPARATION FACILITIES</b>		
		Adequacy / condition of shelter			Adequacy / condition
		Heating / cooling/ ventilation	<b>SAFETY</b>		
		Cleanliness			Guns/weapons (locked and unloaded)
		Running / potable water			Wood stove/fireplace
		Number of bedrooms / persons			Fire prevention (e.g. smoking habits)
		Phone service			Smoke alarm (installed & working)
		Sewage / garbage disposal			Exposure to lead (paint, pipes)
<b>FOOD STORAGE FACILITIES</b>					Exposure to toxins (asbestos, chemicals)
		Adequacy / condition			Pets in home (cats, birds, reptiles)

**CLIENT CONCERNS**

**CASE MANAGER CONCERNS**

**RECOMMENDATIONS**

Signature

Printed Name

Agency

Date

**FOLLOW-UP**

Signature

Printed Name

Agency

Date