

LINCOLN STREET, INC.
RESPITE HOME CHECKLIST

Individual _____

Respite Provider _____

Date: _____

Physical Address _____
Street, Town, State, Zip Code

Please physically review the respite home and complete the following checklist. All items Listed below are described in the Division of Disability and Aging Services regulations. Please refer to the Information and Training Manual, your Service Coordinator or the Housing Safety Accessibility Guidelines for specific questions.

Mobility: The Division of Disability and Aging Services regulations requires that the home must be accessible for the individual. Considering your individual's specific needs; Is this home safely accessible for stairs, bathroom, bedroom, etc.?

Is the home wheelchair accessible?	Yes	No
Is there a ramp?	Yes	No
First floor bedroom for the individual?	Yes	No
First floor bathroom?	Yes	No
Is the environment physically safe for individuals with mobility concerns?	Yes	No

Family Composition: The Division of Disability and Aging Services regulations state that individuals must receive services in smoke-free environments. Considering your individual's specific needs; are all household members compatible with your individual's needs? Also please review the Division's Medical Guidelines on tobacco use in the Information and Training Manual.

Is the family composition compatible with the individual's needs?	Yes	No
Are there smokers in the home?	Yes	No
Do they smoke in the house?	Yes	No
Are there pets in the home?	Yes	No
Is there a plan for supervision of the pet(s) while the Individual Is present?	Yes	No

Regulatory: The Division of Disability and Aging Services regulations require smoke detectors, carbon monoxide detectors, an escape plan, charged fire extinguisher and has very specific requirements around safe heating. Ground Fault Interrupters (GFI) are required and there are very specific regulations about storage of firearms. In keeping with the Housing Safety and Accessibility study that you participated in as a home provider, are the following available in the respite home?

Are there working smoke detectors?	Yes	No
Is there a working smoke detector in the room that the individual sleeps?	Yes	No

Is there a working Carbon Monoxide detector present?	Yes	No
Is there a fire extinguisher (at least 3lbs) mounted?	Yes	No
Is the fire extinguisher charged?	Yes	No
Is there an escape plan in place?	Yes	No
What is the heating source? (furnace, woodstove, etc.)	_____	
Is it clear of combustibles?	Yes	No
Is access to the woodstove unsafe for individual?	Yes	No
Are household medications stored in an appropriate location?	Yes	No
Are poisonous/dangerous substances stored in an appropriate location?	Yes	No
Are the Ground Fault Interrupters in the bathroom?	Yes	No
Are they in the kitchen?	Yes	No
Is there a gun cabinet in the home?	Yes	No
Does the cabinet have a solid door?	Yes	No
Is the cabinet locked?	Yes	No
Do the guns have locks on them?	Yes	No
Are the keys to the guns and cabinet in a secure location?	Yes	No

Permission – The contractor is the employer for the respite employees and/or contractors. However, the legal guardian must review the home and give permission for its use. Lincoln Street Inc., in its oversight role via Medicaid Case Management Services, will assure that the contractor has located a safe, well trained respite provider in a physical location that meets the Division of Disability and Aging Services regulations through the Developmental Home Contract.

Did the guardian visit the respite home?	Yes	No
Did the guardian sign permission for use of this respite provider?	Yes	No

Please note any comments you may have in regard to this respite home.

Developmental Home Provider Signature

Date

Service Coordinator's Signature

Date