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## ADULT FOSTER CARE HOME ASSESSMENT FORM

Caregiver Name: \_\_\_\_\_ Consumer Name: \_\_\_\_\_

Address \_\_\_\_\_

☐ Initial (IC and CM) ☐ Updated ☐ Annual

Any changes in home or living space since Initial Home Assessment? ☐ No ☐ Yes

(Please explain in comment box if yes)

Status: Home Owner ☐ Rental: ☐

Documentation Needed: Landlord Approval (Renters only) ☐ Homeowners' Insurance ☐

# Stairs to Enter Home: \_\_\_\_\_ Front Entry \_\_\_\_\_ Secondary Entry \_\_\_\_\_

Number of Extra Bedrooms: \_\_\_\_\_ # stairs to: BR #1 \_\_\_\_\_ BR #2 \_\_\_\_\_ BR #3 \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_ # stairs to Bathroom: \_\_\_\_\_

Wheelchair accessible: Front entrance: ☐ yes ☐ no

Bedroom: ☐ yes ☐ no

Secondary entrance: ☐ yes ☐ no

Bathroom: ☐ yes ☐ no

Smoker in home: ☐ yes ☐ no

Pets in home: ☐ yes ☐ no If yes, please specify: \_\_\_\_\_

Computer in home: ☐ yes ☐ no If yes, is there an internet connection: ☐ yes ☐ no

Is caregiver proficient with use of computer? ☐ yes ☐ no

General Home Maintenance	No Issue	Need Repair	N/A
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### Exterior

Stairs in good repair

— — —

Stairs have secure railings

— — —

Outside stairs must have handrails

— — —

Windows intact

— — —

Screen windows for warmer weather

— — —

Storm windows for colder weather

— — —

### Interior

Clean and in good repair

— — —

Free of clutter/free of vermin

— — —

Pathways clear

— — —

### Kitchen

Refrigerator and stove are clean

— — —

Storage areas clean and tidy

— — —

Sanitary conditions for food – purchase, storage and prep

— — —

Sanitary conditions for dish and utensil washing & storage

— — —

Adequate trash and garbage disposal

— — —

Class ABC Fire Extinguisher within easy reach

— — —

Expiration Date \_\_\_\_\_ Current

— — —

**Bathroom**

- Finished interior with mirror
- Shower/Tub/Sink/Toilet clean and safe working order
- Adequate hot water
- Adequate ventilation and/or window
- Adequate supplies of linens and toiletries
- Handrails are secure

**Participants Bedroom**

- Private Room
- Door for Privacy
- Adequate ventilation, functioning window
- Heat
- Bed, Mattress, box spring and pillow are in good condition
- Room contains bureau, chair, lamp and non-skid flooring
- Closet space
- Adequate lighting

**Safety**

- Smoke detector powered by batteries on each floor
- Smoke detectors audible in sleeping areas
- Carbon Monoxide detector (if using wood, coal, gas or oil fuel)
- Adequate lighting stairs, consumer bedroom & common areas
- Night light in hall way for consumer
- Unobstructed fire escape plan
- Electrical Cords and outlet in good condition
- Emergency Supply of H<sub>2</sub>O, flashlight, batteries and radio
- Medications labeled and stored in a secure area
- Emergency Egress posted
- Fire drill conducted
- (the member is instructed on escape route)
- Fire arms are maintained in accordance with law
- Generator for emergency electrical need (O<sub>2</sub>, feeding, etc.)

Repairs or Modifications Required for Approval of Home

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Repairs/Modifications have been made

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Signature: \_\_\_\_\_

Date : \_\_\_\_\_