



## HOME INSPECTION

Client Name: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

	Yes	No	Not Met
A private residence located in Massachusetts, occupied by the caregiver, and requiring licensure or certification (e.g. hospital, nursing facility rest home, etc.)			
Accessible to meet the specific needs of its residents, including the specific needs of any physically disabled client.			
Equipped with safety equipment including at a minimum, east access and working ABC fire extinguisher, and emergency first aid kit on the premises.			
Installed and operable Fire and Carbon Monoxide detectors and audible near sleeping areas.			
Written and visible Fire Evacuation Plan.			
Periodic fire drills being conducted following the available escape routes.			
Exterior of the residence showing adequate maintenance (paint, stairs, railing, windows, screen, storm windows and grounds.)			
Occupied by no more than three people, no more than two of whom required Level 1 AFC services, regardless of type of payment source.			
Lighting must be adequate, switches.			
Railings on stairs located inside and/or outside the home.			
Home adequately heated			
Bedroom door to ensure privacy, and furnishings (mattress, box spring, covers, and pillow).			
Bedroom bureau, closet, hangers, chair, side table, lamp, mirror, and nonskid floor coverings.			
Bedroom window (at least one), own bedroom or if shared only one additional person (same sex adult) or client's spouse or significant other.			
Access to working and clean shower/bathtub, toilet, and sinks (no evidence of mildew, mold or leaks).			
Access of personal care items (clean towels, razors, shaving cream, soap, etc.)			
Working nightlights in hallways used by client.			
Following regulations for housing based on MA Housing			

Approval is based on all requirements being met. Any "no" or "not met" requirements will be reassessed at a later date.

Home Approved ____ Yes ____ No if not approved, please briefly specify reasons(s)   
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CM Print Name: \_\_\_\_\_ CM Signature: \_\_\_\_\_



Please make sure to have the following items in the home before AFC program can start.

- Fire Extinguisher (A, B, C)
- Fire Alarm
- Carbon Monoxide
- First Aid Kit

You can get the following items at Lowe's Home Depot, Target, Walmart

Client: Please provide recent TB (Tuberculosis) test

Caregivers: Provide recent TB (Tuberculosis) test and Physical Exam