



## Community/Home Based Safety Assessment

| Identifying Information |     |        |           |        |
|-------------------------|-----|--------|-----------|--------|
| Name                    | DOB | Case # | Member ID | Gender |
|                         |     |        |           |        |

**Date**

| Community/Home Based Safety Assessment   |  |
|--|--|
| <b>1.</b> Is the physical condition of your residence a safety concern?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>2.</b> Is there conflict between family members in your home?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>3.</b> Does violence happen between family members at your home?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>4.</b> Is there any history of or current domestic violence in your home?             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>5.</b> Are there any firearms and/or weapons in the home?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>a.</b> If yes, is the firearm/weapon locked in a device separate from the ammunition? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>6.</b> Is anyone in the home using or selling substances?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>7.</b> Are there any pets in the home?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>a.</b> What Pets are Present:   |  |
|  |  |
| <b>b.</b> Are pets up to date on vaccines?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>8.</b> Does the home have smoke and carbon monoxide detectors?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>9.</b> Is everyone aware of what to do in the case of a natural disaster?             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>10.</b> Are there any other safety concerns in the home?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, explain:   |  |
|  |  |

**Signatures**

\_\_\_\_\_  
STAFF SIGNATURE / CREDENTIALS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

