



## 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

\_\_\_\_\_  
CLIENT SIGNATURE

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

\_\_\_\_\_  
DATE

