UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF INTEGRATED HEALTHCARE
NEW CHOICES WAIVER PROGRAM

SELF-ADMINISTERED SERVICES
HOME SAFETY CHECKLIST

This checklist is to be completed before initiating SAS and should be saved to the participant's case management file.

Participant Name: _____ Designee/Representative: _____

Date of Visit: _____ CM/RN Conducting Visit: _____

ACCESSIBILITY/ HALLWAYS/ STAIRWELLS				Immediate Need	
Yes	No	N/A		Yes	No
☐	☐	☐	Is the home wheelchair accessible	☐	☐
☐	☐	☐	Do thresholds and doorways have proper coverings	☐	☐
☐	☐	☐	Do stairs have reflective strips	☐	☐
☐	☐	☐	Are the pathways in good repair	☐	☐
☐	☐	☐	Are there sturdy and easy to grip handrails when entering the house	☐	☐
☐	☐	☐	Are there adequate locks on all outside doors	☐	☐
☐	☐	☐	Is there a peephole in the front door	☐	☐
☐	☐	☐	Are windows and screens easy to open and close	☐	☐
☐	☐	☐	Are the garage floors free from clutter, grease, and oil	☐	☐
☐	☐	☐	Is the client's home properly heated and cooled	☐	☐
☐	☐	☐	Is the thermostat easily readable and accessible	☐	☐
☐	☐	☐	Do carpets and mats lie flat without wrinkles or curled edges	☐	☐
☐	☐	☐	Do loose mats have a slip resistant backing	☐	☐
☐	☐	☐	Are hallways and stairwells free of clutter	☐	☐
☐	☐	☐	Are all cords safely away from walkways	☐	☐
☐	☐	☐	Are floor surfaces non-slip	☐	☐
☐	☐	☐	Is the client able to see the edges of steps clearly	☐	☐
☐	☐	☐	Is there a light switch at the top and bottom of stairs	☐	☐

KITCHEN				Immediate Need	
Yes	No	N/A		Yes	No
☐	☐	☐	Are sinks and counters at an appropriate level	☐	☐
☐	☐	☐	Is the kitchen free of clutter	☐	☐
☐	☐	☐	Is the fire extinguisher easily accessible	☐	☐
☐	☐	☐	Is the client able to reach things easily in the kitchen without climbing or bending	☐	☐
☐	☐	☐	Are cleaning supplies kept in the appropriate setting	☐	☐
☐	☐	☐	Are there level handle faucets and pull-out spray features	☐	☐
☐	☐	☐	Are the faucets appropriately marked hot and cold	☐	☐
☐	☐	☐	Are appliances in good working condition	☐	☐

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LIVING ROOM				Immediate Need	
Yes	No	N/A		Yes	No
☐	☐	☐	Is the furniture at a good height for easy movement on or off	☐	☐
☐	☐	☐	Is the furniture arranged to provide ample space	☐	☐
☐	☐	☐	Is the furniture securely fastened to the floor to prevent moving when leaned on	☐	☐
☐	☐	☐	Is the living room free of clutter	☐	☐
☐	☐	☐	Does the client have an automatic chair lift	☐	☐

BATHROOM and LAUNDRY ROOM				Immediate Need	
Yes	No	N/A		Yes	No
☐	☐	☐	Is there a walk-in shower without a high lip	☐	☐
☐	☐	☐	Is the bathroom free of clutter	☐	☐
☐	☐	☐	Are toiletries easy to access	☐	☐
☐	☐	☐	Are mats or non-slip adhesive strips located in the shower or tub	☐	☐
☐	☐	☐	Are bathmats securely fastened to the bathroom floor	☐	☐
☐	☐	☐	Does the bathroom door open into the bathroom	☐	☐
☐	☐	☐	Are there adequate handrails located near the shower, tub, and toilet areas	☐	☐
☐	☐	☐	Are there level handle faucets and pull-out spray features	☐	☐
☐	☐	☐	Is there a handheld shower head	☐	☐
☐	☐	☐	Is there a raised toilet seat	☐	☐
☐	☐	☐	Is there a bath bench or stool	☐	☐
☐	☐	☐	Are cleaning supplies kept in the appropriate setting	☐	☐
☐	☐	☐	Is the washer and dryer easily accessible	☐	☐

BEDROOM				Immediate Need	
Yes	No	N/A		Yes	No
☐	☐	☐	Is the bedroom located near the bathroom	☐	☐
☐	☐	☐	Is there easy access to the telephone in the bedroom	☐	☐
☐	☐	☐	Is the bed at a good height for easy movement on or off	☐	☐
☐	☐	☐	Are there rails and handles for the bed	☐	☐
☐	☐	☐	Is the bedroom free of clutter	☐	☐
☐	☐	☐	Is the nightstand free of clutter	☐	☐
☐	☐	☐	Is the client able to reach clothes easily	☐	☐
☐	☐	☐	If walking aides are used, are they easy to reach before leaving the bed	☐	☐

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OVERALL SAFETY / PREVENTION				Immediate Need	
Yes	No	N/A		Yes	No
☐	☐	☐	Are emergency numbers located near telephones	☐	☐
☐	☐	☐	Are guns and knives kept appropriately	☐	☐
☐	☐	☐	Are there clocks with large numbers located throughout the house	☐	☐
☐	☐	☐	Are there telephones with speed dialing and large numbers	☐	☐
☐	☐	☐	Are there appropriate magnifying glasses around the house	☐	☐
☐	☐	☐	Are there telephone or electrical cords kept tidy and in good repair	☐	☐
☐	☐	☐	Is oxygen tubing kept tidy to prevent falling	☐	☐
☐	☐	☐	Are there CO alarms in the house	☐	☐
☐	☐	☐	Are the CO alarms in proper working order	☐	☐
☐	☐	☐	Are there fire alarms throughout the house	☐	☐
☐	☐	☐	Are the fire alarms in proper working order	☐	☐
☐	☐	☐	Is there an escape route planned in case of fire	☐	☐
☐	☐	☐	Is there a personal emergency response system in place	☐	☐
☐	☐	☐	Are there flashlights located in primary locations	☐	☐
☐	☐	☐	Are nightlights positioned around the house	☐	☐
☐	☐	☐	Is the water temperature appropriate and also regulated	☐	☐
☐	☐	☐	Is there a first aid kit available and easy to access	☐	☐
☐	☐	☐	Is the home free of throw rugs throughout the house	☐	☐
☐	☐	☐	Overall is the home inside and out adequately lit	☐	☐

ADDITIONAL COMMENTS

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RECOMMENDATIONS:

Hazard	Objective	Solution
1.		
2.		
3.		
4.		
5.		
6.		

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