

Adult Foster Home Mobility Access Assessment

Name of Adult: _____

Date of Review: _____

Instructions

Required to complete for each resident. Before placement, or after placement if the local agency has reasonable cause to believe a mobility access, seizure, or disability problem has developed, the social worker shall determine, in consultation with the adult and the adult's legal representative and any other person knowledgeable about the adult's needs, whether accessibility aids or modifications to the residence are needed (Adult Foster Care Services Rules Part 9555.5605 Subp 2). This checklist should be used for an adult who:

1. Must use a wheelchair most of the time or;
2. Has great difficulty with the motions required for walking or climbing
3. Has poor balance/coordination or;
4. Has a seizure disorder or;
5. Lacks strength and endurance.

If the assessment is completed with the adult present at the initial evaluation, the adult and/or the legal representative must approve of the home and proposed accommodations prior to placement being finalized.

If the adult's needs can be accommodated and placement approved or continued, the results of the evaluation must be:

1. Incorporated into the Individual Residential Placement Agreement;
2. Maintained in the operator's records on the adult and;
3. Used in preparing the fire safety emergency escape plan required for the person.

Foster Home Information

Operator's Name: _____

Address: _____

Telephone: _____

Home Layout

Stairs and/or ramp locations: _____

Additional layout concerns: _____

Information on Adult

No concerns

Condition causing disability (e.g. polio): _____

Present since: _____

Required mobility equipment: _____

Other disabilities of special needs

No additional concerns

Hand control/range of reach: _____

Vision: _____

Hearing: _____

Temperature/humidity/air quality: _____

Seizures: _____

Other: _____

If specific information is needed to evaluate the adult's capabilities and limitations, consult with:

- a family member
- a friend or advocate
- a staff or household member of the adult's current or most recent placement
- a professional providing health care services to the adult
- any medical or rehabilitation reports available on the adult
- an occupational therapist (O.T.R.)
- a registered physical therapist (R.P.T.)

Checklist

This checklist will assist in reviewing the home on an area-by-area basis to determine if the adult will or does have a mobility, control or safety problem. If the person uses a wheelchair, walker or similar equipment, pay close attention to the dimensions and space requirements of his or her particular equipment to make sure that doors and halls are wide enough, and fixtures can be readily approached.

Can the person safely and independently:

Get up to the front or back door? Yes No

(If a resident must have a ramp or similar modification to enter and exit, only one doorway has to be made accessible. Arrangements for emergency exit through the home's other exterior door(s) can be covered in the resident's required fire safety emergency escape plan.)

Comfortably pause, open the door and enter? Yes No

Move from the entry to the main floor? Yes No

Approach, open any door, and move around the living room? Yes No

Approach, open any door, enter and move around in the area where meals are served? Yes No

Approach, open the door, enter and move around in his/her bedroom? Yes No

(Part 9555.5605, Subp 2 requires that a person using a wheelchair must be housed on a level with an exit directly to grade.)

Open any door and use the closet(s) in his/her bedroom? Yes No

Approach, open the door and enter the bathroom?

the tub/shower? Yes No

the sink? Yes No

the toilet? Yes No

the medicine cabinet? Yes No

If kitchen access is required by the Individual Service Plan & Individual Habilitation Plan other than for meals, can the person safely and independently use the appliances, sink, and storage? Yes No

Is access to any other area not previously identified required? Yes No

If so, identify the area(s): _____

Are there problems with access to or within this area? Yes No

Does the person need special signaling (e.g. visual smoke detector)? Yes No

Specify: _____

Does the person have special sensitivity that requires temperature/humidity/air quality controls? Yes No

Accessibility Agreement

If the checklist indicates any area(s) where the adult will or does encounter accessibility problems in the home, acceptable accommodations must be made before the placement can be approved or continued. Depending on the circumstances, these accommodations may involve a structural modification, portable equipment, personal appliances/aids, personal assistance, or a combination of these resources. If the adult foster home operator accepts responsibility for making specific changes and/or arrangements outlined below, this agreement becomes a part of the adult's Individual Residential Placement Agreement.

This section identifies what problems must be accommodated by which means.

If you need more information on possible options, consult with:

- an occupational therapist (O.T.R.);
- a registered physical therapist (R.P.T.);
- architects or persons who have special training in accessible residential design;
- local contractors, home remodelers, or staff of local housing authorities or Community Action Programs who may have experience in home accessibility remodeling.

Person(s) who participated in completing this assessment

Adult foster home operator: _____

Adult: _____

Adult's legal representative: _____

Social worker: _____

Other person(s) contributing: _____

Name	Title or Relationship to Adult
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Problem areas (describe): _____

Proposed accommodation completed by: _____

Date to be completed by: _____

Other notes or information explaining needed accommodations: _____

Assurances

I/We agree to make the accommodation(s) identified above for the placement of _____
in this adult foster home by (date) _____.

If personal aids/appliances are needed to finalize this placement, I/we understand that the service agency will provide assistance in obtaining them.

Operator _____ Date _____

Service Agency Representative _____ Date _____

With the accommodations cited above, I agree to live in this adult foster home.

Adult _____ Date _____

Adult's Legal Representative _____ Date _____