



Home Safety Risk Assessment

Client Name:

MCP#:

Address:

CRMS#:

Client Questions	Yes	No
1. Is there cell phone service in your area?		
2. Will there be anyone else present in the home at the time of the visit?		
3. Do you have any pets or animals in your home?		
4. Do you have any firearms/hunting tools? a. If yes, how are they stored?		
5. Does anyone smoke in your home? a. If yes, please do not smoke for at least one hour before I visit.		
6. Are there any illnesses or conditions I need to be aware of before I visit?		
7. Is there anything I need to know about your home entrance or road conditions leading up to your home?		
Service Provider Questions (Referral Source or File Review)	Yes	No
8. Does the client have a history of or potential for aggression in the home?		
9. Have there been any false allegations from this client about other service providers?		
10. Are there other risks associated with visiting the client in this home?		

Comments:

All employees completing home visits are required to use SafetyLine for check-in purposes.

Enter alert of *Home Safety Risk Assessment* in the **Client Alerts** section of **CRMS**. Alert must include phone number of service provider for information purposes.

Risk Assessment results: (check only one)

- No risk anticipated
- Put a safe visit plan in place

Date Completed: _____ Signature: _____

Results discussed with client