

HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)  
**HOME ACCESSIBILITY EVALUATION CHECKLIST**

Agency (CAA): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Technician Name: \_\_\_\_\_  
 Technician Phone: \_\_\_\_\_  
 Technician Email: \_\_\_\_\_

Applicant: _____	Co-Applicant _____
Property: _____	Interview Date: _____ (mm/dd/yyyy)

Part 1 – ACCESSIBILITY LIMITS			
Item	Task	Response	Describe
1.1	Do any members in the residence have a disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.2	What are those individuals' physical limitations?		
1.3	Are mobility devices used all the time or sometimes in the house?	<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> N/A	
1.4	What activity areas would be more usable/safer with accessibility modifications?		
1.5	Is the family's situation expected to change over time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.6	Number of levels in house, describe:		

Part 2 – ACCESSIBILITY IMPROVEMENTS			
<i>Applicant is interested in the following improvements:</i>			
Item	Task	Response	Describe
2.1	<b>Garage or parking area</b>		
	Barrier removal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Pavement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.2	<b>Pathway between exterior and interior</b>		
	Ramp (change in elevation)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Lift	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Walkway	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Handrails	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Landing at entrance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Doorway width or usability	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Item	Task	Response	Describe
<b>2.3</b>	<b>Interior circulation</b>		
	Doorway width or usability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ramp	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Lift	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Handrails	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Thresholds, flooring	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other barrier-removal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2.4</b>	<b>Kitchen</b>		
	Maneuvering	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Reachable storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Usable work surfaces	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Usable sink	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Accessible stove	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2.5</b>	<b>Work areas</b>		
	Laundry	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Workshop / Office	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2.6</b>	<b>Bedrooms</b>		
	Maneuvering	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Reachable shelving, clothes rods	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2.7</b>	<b>Bathroom</b>		
	Maneuvering	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Toilet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Lavatory	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Bathtub	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Shower	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Reachable storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2.8</b>	<b>Other</b>		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

\_\_\_\_\_  
Signature of CAA Representative

\_\_\_\_\_  
Date