HOME ACCESSIBILITY AND REPAIR PROGRAM (HARP)

HOME ACCESSIBILITY EVALUATION CHECKLIST

Agency (CAA):		CAA Technician Name:		
CAA Address:		CAA Technician Phone:		
	(Street, City, State, Zip)	CAA Technician Email:		
Applicant Name:		Co-Applicant Name:		
Property:	(Street. City. State. Zip)	Interview Date:		

	(Street, City, State, Zip)					
Part 1 – ACCESSIBILITY LIMITS						
Item	Task	Response		Describe		
1.1	Do any members in the residence have a disability?	Yes	No			
1.2	What are those individuals' physical limitations?					
1.3	Are mobility devices used all the time or sometimes in the house?	All	Some 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?	Yes	No			
1.6	Number of levels in house?		· · · · · · · · · · · · · · · · · · ·			
	Part 2 – ACCESS					
	Applicant is interested	ed in the following	improvements:			
2.1	Garage or parking area Barrier removal	Yes	No			
	Pavement	Yes	No			
		165	INO			
2.2	Pathway between exterior and interior					
	Ramp (change in elevation)	Yes	No			
	Lift	Yes	No			
	Walkway	Yes	No			
	Handrails	Yes	No			
	Landing at entrance	Yes	No			
	Doorway width or usability	Yes	No			
2.3	Interior circulation					
	Doorway width or usability	Yes	No			
	Ramp	Yes	No			
	Lift	Yes	No			
	Handrails	Yes	No			
	Thresholds, flooring	Yes	No			
	Other barrier-removal	Yes	No			
2.4	Kitchen					
	Maneuvering	Yes	No			
	Reachable storage	Yes	No			
	Usable work surfaces	Yes	No			
	Usable sink	Yes	No			
	Accessible stove	Yes	No			
2.5	Work areas					
	Laundry	Yes	No			
	Workshop / Office	Yes	No			

2.6	Bedrooms			
	Maneuvering	Yes	No	
	Reachable shelving, clothes rods	Yes	No	
2.7	Bathroom			
	Maneuvering	Yes	No	
	Toilet	Yes	No	
	Lavatory	Yes	No	
	Bathtub	Yes	No	
	Shower	Yes	No	
	Reachable storage	Yes	No	
2.8	Other			
	CAA Technician Signature	-	Date	