

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

Agency (CAA): _____
CAA Address: _____
 (Street, City, State, Zip)
Applicant Name: _____
Property: _____
 (Street, City, State, Zip)

CAA Technician Name: _____
CAA Technician Phone: _____
CAA Technician Email: _____
Co-Applicant Name: _____
Interview Date: _____

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 – ACCESSIBILITY IMPROVEMENTS

Applicant is interested in the following improvements:

2.1	Garage or parking area				
	Barrier removal	Yes	No		
	Pavement	Yes	No		
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