

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

Agency (CAA): _____

Technician Name: _____
 Technician Phone: _____
 Technician Email: _____

Applicant: _____ Property: _____ _____	Co-Applicant _____ Interview Date: _____ (mm/dd/yyyy)
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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	Garage or parking area		
	Barrier removal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Pavement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.2	Pathway between exterior and interior		
	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
2.3	Interior circulation		
	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	
2.4	Kitchen		
	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	
2.5	Work areas		
	Laundry	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Workshop / Office	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.6	Bedrooms		
	Maneuvering	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Reachable shelving, clothes rods	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.7	Bathroom		
	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	
2.8	Other		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of CAA Representative

Date