

## HOME EVALUATION FORM

Date \_\_\_\_\_  
Client Name \_\_\_\_\_ **MRUN** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Evaluator \_\_\_\_\_ Title \_\_\_\_\_

1. **Is a ramp or wheelchair lift present?**      **YES**      **NO**  
If no, please comment on access into client's home with mobility device.  
Comments: \_\_\_\_\_  
\_\_\_\_\_

2. **Main Doorway**  
Doorway Width: \_\_\_\_\_ inches  
Threshold Height: \_\_\_\_\_ inches  
Floor Surface:      Carpet      Flat/Hard

3. **Kitchen**  
Physical Layout:      L-shape      Galley      U-shape      Open  
Doorway Width: \_\_\_\_\_ inches  
Threshold Height: \_\_\_\_\_ inches  
Floor Surface:      Carpet      Flat/Hard

4. **Living Room/Family Room**  
Doorway Width: \_\_\_\_\_ inches  
Threshold Height: \_\_\_\_\_ inches  
Floor Surface:      Carpet      Flat/Hard

5. **Bedroom**  
Doorway Width: \_\_\_\_\_ inches  
Threshold Height: \_\_\_\_\_ inches  
Floor Surface:      Carpet      Flat/Hard

6. **Bathroom**  
Doorway Width: \_\_\_\_\_ inches  
Threshold Height: \_\_\_\_\_ inches  
Floor Surface:      Carpet      Flat/Hard

Client / Caregiver signature \_\_\_\_\_