

## Home Safety Check Request Form

Self Referral	From Ca	rer/Relative	From Partne	r/Agency			
Name of Agency/Par	tner		'	-			
SECTION B							
If referral is via a care			•	required.		Yes	No
Has the home occup	ier given conse	ent for this refer	rai?				
DETAILS OF PERSO	ON WHO REQ	UIRES HOME S	SAFETY CHEC	K			
Name				D.O.B.			
Address							
· · · · · · · · · · · · · · · · · · ·				Postcode			
SECTION D							
BEST METHOD OF	CONTACT						
Occupant Name and	or name of Ca	arer/Relative or	Partner Agency	worker			
Email				Text			
Telephone		Other					
Further Information/C							
SECTION E Further Information/C Do you / the person y		ng have any wo	rking smoke ala	rms?		Yes	No
Further Information/C	you are referrin		rking smoke ala	rms?		Yes Yes	
Further Information/C Do you / the person y Do you / the person y	you are referrin you are referrin	ng live alone?	rking smoke ala	rms?		+	No
Further Information/C Do you / the person y Do you / the person y Are you / the person	you are referrin you are referrin you are referrin	ng live alone?			2	Yes	No No
Further Information/C Do you / the person y Do you / the person y Are you / the person y	you are referrin you are referrin you are referrin you are referrin	ng live alone? ng over 50? ng use a hearing	g aid or are hard	d of hearing?	2	Yes Yes	No No
Further Information/C  Do you / the person y  Are you / the person  Do you / the person y  Do you / the person y	you are referrin you are referrin you are referrin you are referrin you are referrin	ng live alone? ng over 50? ng use a hearing	g aid or are hard	d of hearing?		Yes Yes Yes	No No No
Do you / the person y Do you / the person y Are you / the person y Do you / the person y	you are referring you are you ar	ng live alone? ng over 50? ng use a hearing ng use a sight a ng use mobility/ong have any oth	g aid or are hard id or have diffict walking aids to g er difficulties in	d of hearing? ulty seeing? get around th	ne house/flat?	Yes Yes Yes Yes	No No No
Do you / the person y Do you / the person y Are you / the person y Do you / the person y flat (such as the stair	you are referring you are you ar	ng live alone? ng over 50? ng use a hearing ng use a sight a ng use mobility/ong have any oth hard to open, e	g aid or are hard id or have diffict walking aids to g er difficulties in etc)?	d of hearing? ulty seeing? get around the moving arou	ne house/flat? und the house/	Yes Yes Yes Yes Yes Yes	No No No No
Further Information/C	you are referring tive needs to keep	ng live alone? ng over 50? ng use a hearing ng use a sight a ng use mobility/o ng have any oth hard to open, e ng have any me oe present dur	g aid or are hard id or have diffict walking aids to g er difficulties in etc)? ental health cond ing the visit if	d of hearing? ulty seeing? get around the moving arouserns that we person lives	ne house/flat? und the house/ e should be s alone and	Yes Yes Yes Yes Yes Yes	No No No No
Do you / the person y Do you / the person y Are you / the person y Do you / the person y flat (such as the stain Do you / the person y aware of? Advise: carer / relatediagnosed with den information.	you are referring tive needs to knentia as occurrents.	ng live alone? ng over 50? ng use a hearing ng use a sight a ng use mobility/o ng have any oth hard to open, e ng have any me oe present dur upant might no	g aid or are hard id or have diffice walking aids to g er difficulties in etc)? ental health cond ing the visit if g ot be able to re	d of hearing? ulty seeing? get around the moving arouserns that we person lives	ne house/flat? und the house/ e should be s alone and	Yes Yes Yes Yes Yes Yes	No No No No
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Do you / the person you ar	e referring have any pets that might not like strangers?	Yes	No
How would you / the perso fire engine? (fine, distresse	on you are referring feel if you were visited by local firefighters in a ed, alright, etc)	Yes	No
Additional Information			
Do you / the person you ar Providers?	re referring have any help or support from Health or Social Care	Yes	No
	eeds to be present during the visit if person lives alone and a as occupant might not be able to retain / recall fire advice		
If 'Yes' please provide deta	nils		
AGENCY USE ONLY			
Do you think the person yo	ou are referring will have any difficulty understanding or retaining fire	Yes	No
Do you think the person you safety information?		Yes	No
Do you think the person you safety information?	joint vist with the main carer. Please provide contact details	Yes	No
Do you think the person yo safety information?  If 'Yes' we recommend a	joint vist with the main carer. Please provide contact details	Yes	No
Do you think the person yo safety information?  If 'Yes' we recommend a below if different from th  Contact details  Is there any information or	joint vist with the main carer. Please provide contact details e above.  risk that we need to be aware of before we vist?	Yes	No
Do you think the person yo safety information?  If 'Yes' we recommend a below if different from th  Contact details  Is there any information or	joint vist with the main carer. Please provide contact details e above.		
Do you think the person you safety information?  If 'Yes' we recommend a below if different from the Contact details  Is there any information or For example: Levels of how	joint vist with the main carer. Please provide contact details e above.  risk that we need to be aware of before we vist?		
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