

Name:			
Address:		Usual Address?	<input type="checkbox"/> Y <input type="checkbox"/> N
Type of Accommodation	<input type="checkbox"/> SIL House <input type="checkbox"/> House <input type="checkbox"/> Unit <input type="checkbox"/> Apartment <input type="checkbox"/> Caravan <input type="checkbox"/> Boarding house <input type="checkbox"/> Other – Describe:		
Who else lives here:	<input type="checkbox"/> Partner <input type="checkbox"/> Parents <input type="checkbox"/> Housemate(s) <input type="checkbox"/> Carer <input type="checkbox"/> Children <input type="checkbox"/> Other - Describe:		
Access to Property			
Question	Yes	No	Action / Comments
Can the house be seen from the street?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the house easily identifiable?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there good street lighting?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there parking close by?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there a large number of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	
Does a lift need to be used?	<input type="checkbox"/>	<input type="checkbox"/>	
Is entry via the front door?	<input type="checkbox"/>	<input type="checkbox"/>	
Will someone be able to open the front door?	<input type="checkbox"/>	<input type="checkbox"/>	
Will anyone else be home during the visit?	<input type="checkbox"/>	<input type="checkbox"/>	
Does anyone at home have a contagious illness?	<input type="checkbox"/>	<input type="checkbox"/>	
Will anyone at home be upset by the visit?	<input type="checkbox"/>	<input type="checkbox"/>	
Does anyone at home take drugs or drink a lot of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	
Does anyone at home smoke?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any animals living at home? If yes , can they be restrained / put outside during the visit?	<input type="checkbox"/>	<input type="checkbox"/>	

Is a phone call needed prior to the visit to allow for animals to be restrained / moved?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there mobile phone coverage at the house?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the person being visited have behaviour of concern?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the person being visited have a history of violence or aggression?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a requirement for 2 LWB staff to attend the visit?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there clear access to exits (in case of an emergency)	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any previously identified alerts or risks related to this property or person?	<input type="checkbox"/>	<input type="checkbox"/>	

Risk Identified	Control Measure put in place

Staff Member Name:			
Signature:		Date:	
Line Manager Name:		Role:	
Signature:		Date:	

Upload to CIRT as follows: Plans and Assessment > Assessment > Service Type> Support Coordination > Client Home Visit – Risk Assessment > SURNAME, FirstName. YYYY.MM.DD