Name of SIL Contract Provider:       Service Area:

1. **Definition Compliance :** **Shared Housing Setting**

A shared housing setting is described as a number of people living cooperatively as an unrelated family in a house with an individual or a shared bedroom with a limited number of persons to a bedroom. This involves people renting a house in the community, similar to an apartment situation. This house setting is not on a General Residential Operations (GRO) campus with other, non-SIL types of settings. This may include on-sight management.

Physical Address of SIL Setting:

Date of Walk Through:        Before Contractor signature

After Contractor signature

Number of occupants:       Number of bedrooms:

Number of occupants per bedroom:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Item** | **Met** | **Technical**  **Assistance Yes No** | **Comments**  (A No under Met or a Yes under Technical Assistance must have an explanation under Comments) |
| 1 | Setting includes a number of people living cooperatively as an unrelated family in a house in the community | Yes  No | Yes  No | (Identify and describe any current occupants in Shared House Setting) |
| 2 | On-sight management (optional) | Yes  No | Yes  No |  |

Meets DFPS definition for SIL type setting of: Shared Housing Setting: Yes  No

Comment (Must comment if "No" is selected):

**SIL Physical Setting Walk Through Check List**

DFPS SIL Contract Provider:       Service Area:

**B. Suitability:** for **Shared Housing Setting** identified in Section A:

Name of Young Adult for whom walk through is conducted (if applicable):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Item** | **Met** | **Technical**  **Assistance** | **Comments**  (A No or N/A under Met or a Yes under Technical Assistance must have an explanation under Comments) |
| 1 | **Exterior House Condition Acceptable:**  -Outside grounds  -Outside lighting  -House Exterior | Yes  No  Yes  No  Yes  No | Yes  No |  |
| 2 | **Interior Condition Acceptable**  -General Cleanliness  -Floors  -Walls  -Windows | Yes  No  Yes  No  Yes  No  Yes  No | Yes  No |  |
| 3 | **Is Setting approved for use by a Young Adult who is in need of ADA accommodations.** | Yes  No | Yes  No |  |
| 4 | **Fire Safety**  -Up to Date Fire Extinguisher  -Working Smoke Alarm(s) in:  Bedrooms  Hallways  Living/Dining Room  Other  -Easy Access to Exits  -Combustibles Items  Stored Properly  -Electrical | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No | Yes  No |  |
| 5 | **Furnishings Condition Acceptable**  -Bed frame  -Mattress  -Dresser  -Closet  -Table  -Chair  -Sofa  -Individual storage area for non-food items | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No | Yes  No |  |
| 6 | **Working Appliances**  -Stove  -Refrigerator  -Microwave (optional) | Yes  No  Yes  No  Yes  No  NA | Yes  No |  |
| 7 | **Working Utilities for Home**  -Water  -Running Hot Water  -Running Cold Water  -Electric  -Gas  -Sewage  -Septic | Yes  No  Yes  No  Yes  No  Yes  No  NA  Yes  No  NA  Yes  No  NA  Yes  No  NA | Yes  No |  |
| 8 | **Working Bathroom**  -Working toilets  -Showers  -Bathtub  -Running Hot Water  -Running Cold Water | Yes  No  Yes  No  Yes  No NA  Yes  No  Yes  No | Yes  No |  |
| 9 | **Household cleaning supplies** | Yes  No | Yes  No |  |
| 10 | **Storage space for dry food** | Yes  No  NA | Yes  No |  |
| 11 | **On-site Laundry**  -Washing machine  -Clothes dryer  **If no on-site laundry, Proximity of off-site Laundry**  -Within 1 mile  -within 2 miles  -within 5 miles  -over 5 miles | Yes  No  Yes  No  Yes  No  Yes  No  NA  Yes  No  Yes  No  Yes  No  Yes  No | Yes  No |  |
| 12 | **Laundry Supplies** | Yes  No | Yes  No |  |
| 13 | **Bus Stop Available**  **If available – distance:**  -within 1 mile  -within 2 miles  -within 5 miles | Yes  No  Yes  No  Yes  No  Yes  No | Yes  No |  |
| 14 | **Grocery Store Available**  If available – distance:  -within 1 mile  -within 2 miles  -within 5 miles  -over 5 miles | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No | Yes  No |  |
| 15 | **Access to library or other educational resources**  If available – distance:  -within 1 mile  -within 2 miles  -within 5 miles  -over 5 miles | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No | Yes  No |  |
| 16 | **Posted rules for occupants/ others** | Yes  No | Yes  No |  |
| 17 | **Key provided to Young Adult for:**  -external building or house  -young adult’s section of home if closed off from others  -bedroom | Yes  No  NA  Yes  No  NA  Yes  No  NA | Yes  No |  |

**Participant(s) Information:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Printed Name:            Position:       Phone:       Email:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Printed Name:            Position:       Phone:       Email:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Printed Name:            Position:       Phone:       Email:

**Recommendation to use:** Yes  No Yes, with follow up completed: