

Ohio Department of Medicaid  
**Home Choice | Move-in Ready Housing Checklist**

**Note:** Checklist must be completed by TC on location of leased unit/family home.

HC Participant Name		
TC Name		Walk Through Date
Landlord Name	Landlord Phone	
Residence Street Address		
City	Zip	County

**Two components for review:** Safety and is everything in place that is needed? (*Modifications, furniture, household goods, groceries, etc.*). This checklist may be used multiple times and placed in the individual's case file. A copy should be provided to the individual.

**Condition of Housing:**

Living Areas	Y/N	Repairs Needed ? (Y/N)	Comments	Final Approval Date
1. Livingroom				
2. Bedroom				
3. Bathroom ( <i>grab bars, etc.</i> )				
4. Kitchen				
5. Other area of home ( <i>Specify</i> )				
6. Electricity				
a. Do lights, fans, outlets work?				
b. Are wires exposed?				
7. Windows condition: windows operating? Screens? Either broken/missing?				
8. Ceiling & Walls: Are there holes? Water damage? Mold/mildew?				
9. Condition of hand rails, stairs and hallways?				

Living Areas	Y/N	Repairs Needed ? (Y/N)	Comments	Final Approval Date
10. Floors: Appropriate for individual based on need?				
a. If wheelchair used, is floor low pile, wood or laminate?				
b. If walker is used, is floor easy to see, seamless and non-slip ( <i>well-laid laminate or vinyl, carpet</i> )				
c. If individual is blind, will flooring allow him/her to hear someone coming ( <i>well-laid laminate/wood</i> )				
11. Home modifications needed? Please list. ( <i>Include dedicated line vent/generator</i> )				
12. Heat/AC				
a. Working order? Thermostat? Instructions on how to use?				
13. Bug Infestations/pests: Any noted and/or history? Treated? Subsequent treatments scheduled and payment arrangements made?				
14. Security				
a. Well-lit entry/exit? Exterior lighting? Parking lot?				
b. Privacy from outside ( <i>curtains/shades/blinds</i> )				
c. Security Alarms installed ( <i>autistic children, above risk neighborhoods</i> )				

## Housing Move-in Ready

Check all that apply.

Move in Ready	
<input type="checkbox"/>	In person inspection completed
<input type="checkbox"/>	Utility connections
<input type="checkbox"/>	Heating works
<input type="checkbox"/>	Water connected
<input type="checkbox"/>	Phone connected
<input type="checkbox"/>	Appropriate indoor lighting
<input type="checkbox"/>	Appropriate outdoor lighting
<input type="checkbox"/>	Carpet/flooring smooth/even
<input type="checkbox"/>	Safety features (alarm)
<input type="checkbox"/>	Emergency Response System in place
<input type="checkbox"/>	Emergency evacuation plan reviewed
<input type="checkbox"/>	Landlord checklist/items to be fixed completed and returned
<input type="checkbox"/>	Working smoke detectors on each floor
<input type="checkbox"/>	Carbon monoxide detector in place
<input type="checkbox"/>	Absence of infestations
<input type="checkbox"/>	Apartment clean
<input type="checkbox"/>	Keys obtained
Live in Ready	
<input type="checkbox"/>	Home modifications made (grab bars, ramps, door knobs)
<input type="checkbox"/>	Appliances in working order (microwave, dishwasher, refrigerator, stove, oven)
<input type="checkbox"/>	Personal items unpacked and stowed within easy reach
<input type="checkbox"/>	Household items unpacked and stowed within easy reach
<input type="checkbox"/>	Food in refrigerator & cabinets
<input type="checkbox"/>	Window treatments in place
<input type="checkbox"/>	Home furnishings moved in and setup
<input type="checkbox"/>	Shower curtain hung
<input type="checkbox"/>	Bed made
<input type="checkbox"/>	Phone numbers and contact information within easy sight/reach
<input type="checkbox"/>	Linens stored within easy reach
<input type="checkbox"/>	Address changes made/mail forwarded
<input type="checkbox"/>	Items to be followed up on identified and action plan/schedule in place
<input type="checkbox"/>	Bill payment (utilities, water, rent) setup

Signature	Date
-----------	------