

# HOMES<sup>®</sup> Multi-disciplinary Hoarding Risk Assessment

## Health

- Cannot use bathtub/shower
- Cannot access toilet
- Garbage/Trash Overflow

- Cannot prepare food
- Cannot sleep in bed
- Cannot use stove/fridge/sink

- Presence of spoiled food
- Presence of feces/Urine (human or animal)
- Cannot locate medications or equipment

- Presence of insects/rodents
- Presence of mold or chronic dampness

Notes: \_\_\_\_\_

## Obstacles

- Cannot move freely/safely in home
- Inability for EMT to enter/gain access

- Unstable piles/avalanche risk
- Egresses, exits or vents blocked or unusable

Notes: \_\_\_\_\_

## Mental health (Note that this is not a clinical diagnosis; use only to identify risk factors)

- Does not seem to understand seriousness of problem
- Does not seem to accept likely consequence of problem
- Defensive or angry
- Anxious or apprehensive
- Unaware, not alert, or confused

Notes: \_\_\_\_\_

## Endangerment (evaluate threat based on other sections with attention to specific populations listed below)

- Threat to health or safety of child/minor
- Threat to health or safety of older adult
- Threat to health or safety of person with disability
- Threat to health or safety of animal

Notes: \_\_\_\_\_

## Structure & Safety

- Unstable floorboards/stairs/porch
- Flammable items beside heat source
- Storage of hazardous materials/weapons
- Leaking roof
- Caving walls
- Electrical wires/cords exposed
- No heat/electricity
- No running water/plumbing problems
- Blocked/unsafe electric heater or vents

Notes: \_\_\_\_\_

## HOMES<sup>®</sup> Multi-disciplinary Hoarding Risk Assessment (page 2)

### Household Composition

# of Adults \_\_\_\_\_ # of Children \_\_\_\_\_ # and kinds of Pets \_\_\_\_\_  
Ages of adults: \_\_\_\_\_ Ages of children: \_\_\_\_\_ Person who smokes in home  Yes  No  
Person(s) with physical disability \_\_\_\_\_ Language(s) spoken in home \_\_\_\_\_

### Assessment Notes:

### Risk Measurements

Imminent Harm to self, family, animals, public: \_\_\_\_\_  
 Threat of Eviction: \_\_\_\_\_  Threat of Condemnation: \_\_\_\_\_

### Capacity Measurements

Instructions: Place a check mark by the items that represent the strengths and capacity to address the hoarding problem

- Awareness of clutter
- Willingness to acknowledge clutter and risks to health, safety and ability to remain in home/impact on daily life
- Physical ability to clear clutter
- Psychological ability to tolerate intervention
- Willingness to accept intervention assistance

### Capacity Notes:

### Post-Assessment Plan/Referral

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_ Assessor: \_\_\_\_\_