



**OREGON MATERNITY CASE MANAGEMENT
HOME/ENVIRONMENTAL ASSESSMENT**

Client Name

DOB

Street Address

Concern * No Concern	*Requires documentation	Concern * No Concern	*Requires documentation
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	HOUSING / LIVING SITUATION		FOOD PREPARATION FACILITIES
	Adequacy / condition of shelter		Adequacy / condition
	Heating / cooling/ ventilation		SAFETY
	Cleanliness		Guns/weapons (locked and unloaded)
	Running / potable water		Wood stove/fireplace
	Number of bedrooms / persons		Fire prevention (e.g. smoking habits)
	Phone service		Smoke alarm (installed & working)
	Sewage / garbage disposal		Exposure to lead (paint, pipes)
	FOOD STORAGE FACILITIES		Exposure to toxins (asbestos, chemicals)
	Adequacy / condition		Pets in home (cats, birds, reptiles)

CLIENT CONCERNS

CASE MANAGER CONCERNS

RECOMMENDATIONS

Signature

Printed Name

Agency

Date

FOLLOW-UP

Signature

Printed Name

Agency

Date