

Support Coordination Home Visit Risk Assessment

Participant:		Address:	
Date of Birth:		Gender:	
NDIS Number:			
Risk Assessment Completed with Client/Carer:			
Client/Carer has consented to home visit:			
Type of Residence:			
ENSURING ACCESS TO PROPERTY AND CLIENT	NO	YES	ACTIONS (IF REQUIRED)
Are street signs or property number easily visible?			
Is the house hidden from the street?			
Is parking on the street / driveway difficult?			
Is the gate difficult to open?			
Are there uneven/dangerous paths leading to the house?			
Are there any dangerous or slippery steps?			
Does the client/carers have difficulty opening the door?			
Does the client need to have another person present?			
Does the client have any religious or cultural considerations?			
ANIMALS/PETS			
Any animals with open access to the front of the property or inside the house?			
OCCUPANTS			
Is it likely that any people in the house/home will be smoking or drinking alcohol during our visit?			
Is there known substance use/abuse amongst people who may be present?			

Support Coordination Home Visit Risk Assessment

Does the client or other people in the home have history of actual or threatened violent or aggressive behaviours?			
HAZARDS			
Are there any known weapons or guns in the house?			Are they locked away?
Remote area? (>30minutes from staff base?)			
Is there difficulty with mobile phones and/ or working landline?			
Any additional hazards identified? E.g., Seasonal bushfire risks?			
OUTCOME	PLAN		
No risks identified	<input type="checkbox"/> Proceed with visit		
Risks identified – discussed with manager or Delegate	<input type="checkbox"/> Home Visit to proceed with 2 or more Support Coordinators <input type="checkbox"/> Risk identified which preclude home visit as an option <input type="checkbox"/> Proceed with visit		

Signature:	Name (print)	Date: