Name of SIL Contract Provider:       Service Area:

1. **Definition Compliance :** **Apartment Setting**

An apartment setting is a room or suite of rooms with kitchen facilities designed as a residence and generally located in a building occupied by more than one household. This setting may include on-sight management.

Physical Address of SIL Setting:

Date of Walk Through:       [ ]  Before Contractor signature

 [ ]  After Contractor signature

In an apartment complex? [ ] Yes [ ]  No Name of apartment complex:

Number of apartments in complex:

Number of occupants in apartment:       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 | Room or suite of rooms with kitchen facilities designed as a residence | [ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 2 | Located in a building occupied by more than one household. | [ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 3 | On-sight apt. management | [ ] Yes [ ]  No | [ ] Yes [ ]  No |       |
| 4 | On-sight SIL management  | [ ] Yes [ ]  No | [ ] Yes [ ]  No |       |

Meets DFPS definition for SIL type setting of: Apartment Setting: [ ] Yes [ ]  No

Comment (Must comment if “No” is selected):

Name of SIL Contract Provider:       Service Area:

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

**B. Suitability:** for **Apartment Setting** identified in Section A:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Item** | **Met** | **Technical****Assistance Yes No** | **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- over 5 miles | [ ] Yes [ ]  No [ ] 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 complex-young adult’s section of apartment 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:

|  |
| --- |
|       |