Independent-Living / Housing-Only Screening

Energy Independent Living Homes

Purpose

This is not a clinical assessment and should not be used to diagnose or exclude a person because of disability. Its purpose is to determine whether the requested placement would require the LANDLORD to provide care, supervision, or clinical services outside a housing-only model. Consider reasonable accommodations and outside supports before making a final decision.

Applicant: _____ Date: _____ Screener: _____

Area	Housing Question	Yes/No	Notes / Accommodation
Personal care	Can the applicant complete personal hygiene and ADLs independently, or independently arrange an outside provider without landlord assistance?	☐ Yes ☐ No	
Medication	Can the applicant manage medications independently or arrange outside medication support without landlord administration/reminders?	☐ Yes ☐ No	
Meals	Can the applicant obtain and prepare meals independently or arrange outside help?	☐ Yes ☐ No	
Transportation	Can the applicant arrange transportation without landlord supervision?	☐ Yes ☐ No	
Appointments	Can the applicant schedule/manage appointments independently or through an outside support of their choosing?	☐ Yes ☐ No	

Area	Housing Question	Yes/No	Notes / Accommodation
Emergency response	Can the applicant recognize an emergency and contact 911/appropriate assistance, with reasonable accommodation if needed?	☐ Yes ☐ No	
Evacuation	Can the applicant safely use the residence and evacuate consistent with applicable building/fire requirements, with reasonable accommodation where appropriate?	☐ Yes ☐ No	
Lease obligations	Can the applicant understand and comply with ordinary lease and shared-house obligations, with reasonable accommodation where appropriate?	☐ Yes ☐ No	
Supervision	Would the applicant require continuous or routine health/behavior supervision FROM THE LANDLORD?	☐ Yes ☐ No	
Outside supports	If the applicant uses outside services, are those services independently arranged and separate from the landlord?	☐ Yes ☐ No	

Screening Outcome

☐ Proceed to standard tenancy screening

☐ Proceed after reasonable-accommodation review

☐ Waitlist – no appropriate room currently available

☐ Housing-only model may not meet requested care/supervision needs; obtain compliance/legal review before denial

☐ Other: _____

Decision rationale (housing-related, objective, and non-diagnostic):

_____

_____

_____ _____

Housing Representative Date