

Purposeful Parenting , LLC

Home Inventory

Client Name: _____

Date of Inventory: _____

Address: _____

Phone: _____

Number of adults in the home: _____

Number of children in the home: _____

	Yes	No
Interior and Exterior premises are clean and free from dangerous/hazardous conditions.	<input type="checkbox"/>	<input type="checkbox"/>
Family has working landline or cell phone.	<input type="checkbox"/>	<input type="checkbox"/>
Living areas are safe, comfortable and accessible.	<input type="checkbox"/>	<input type="checkbox"/>
Home has functioning bathroom.	<input type="checkbox"/>	<input type="checkbox"/>
Home is properly heated and ventilated.	<input type="checkbox"/>	<input type="checkbox"/>
Home has operating smoke detectors.	<input type="checkbox"/>	<input type="checkbox"/>
Home has working stove and refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>
Cooking and refrigeration equipment are clean and sanitary.	<input type="checkbox"/>	<input type="checkbox"/>
Home has a bed for each person.	<input type="checkbox"/>	<input type="checkbox"/>
Unloaded firearms and ammunition are stored in separate locked places.	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Print Client Name

Signature of Client and Date

Provider Name

Signature of Provider and Date