



Somerset Accident
Prevention Forum



Home Safety Action Form



Occupier's Name: _____

Age: _____

Address: _____

Postcode: _____

Tel. No: _____

Do you live alone? Yes No

Full Time Wheelchair User: YES NO

Referred by (Name): _____

Referred by (Agency): _____

Contact Tel.: _____

Date Referred: _____

Consent given by occupier for details to be passed to partner agencies. *Signed:* _____

SECURITY

1. Do the external door locks need servicing or upgrading?
2. Do the ground floor windows need to be fitted with key operated window locks?
3. Does the front door need equipping for caller identification?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

FIRE SAFETY

4. Does the occupier need a smoke alarm?
5. Does the occupier smoke?
6. Are any electrical sockets overloaded?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

HOME SAFETY

7. Is the house in need of repair? (give further details)
8. Are safety improvements needed such as grab rails or handrails to the stairs?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Further Details? _____

Has CAREdirect also been contacted?

Y	N
<input type="checkbox"/>	<input type="checkbox"/>

By calling **CAREdirect** on **0845 345 9133.....**

- Requests for any of the above services requiring immediate attention can be processed on the same day.
- Help can be given to access many other services such as benefits, Health and mobility aids and Social Services
- Information and advice is available on Falls prevention and Occupational Therapy. Also referrals can be made to an appropriate service depending on need.

PLEASE POST ASAP TO THE ADDRESS OVERLEAF BY FOLDING AND SEALING THIS FORM