



Emergency & Accessibility Loan Program Accessibility Evaluation

INSTRUCTIONS: Use to evaluate needs of a Disabled Household Resident.

Borrower Last Name Borrower First Name MI MHFA Loan #

Name of Disabled Resident Relationship to Borrower

Present Location if not at Borrower's home (Address, City and Zip)

Improvements will allow disabled person to live at Borrower's home Yes No

Medical Name: _____	Date of Occurrence: _____
Primary Disability: _____	
Secondary Disability: _____	

Overall Health Status:		
<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Height _____	Weight _____	

Change in disability in past 1 to 2 years:	
<input type="checkbox"/> Stable	<input type="checkbox"/> Improving
<input type="checkbox"/> Cyclic (periodic shifts)	<input type="checkbox"/> Deteriorating

Disability Affects	Describe Extent
Hands/arms	
Upper body in general	
Lower body/mobility (balance or coordination)	
Only one side (identify)	
General endurance	
Hearing, Vision	
Other	

Mobility Equipment Needed

Frequency

Daily Assistance Needed: (e.g. dressing, personal hygiene, home making, mobility in/out of home)

Who Provides

Frequency

Impact on Disabled Household Resident if assistance was not available

Signature of Person Completing Evaluation

Date

Print Name of Person Completing Evaluation

Relationship to Borrower

Date