

Toronto - HOMES[®] Multi-disciplinary Hoarding Risk Assessment

Instructions for Use

- **The HOMES** Multi-disciplinary Hoarding Risk Assessment is intended to be used as an initial and brief assessment to aid in determining the nature and parameters of the hoarding problem and to help identify the presence of risk. It helps to guide the need for further action– including immediate intervention, additional assessment and/or referral.
- The highlighted areas are potential indicators of 'acute elevated risk' and a referral must be made to the appropriate division. At the discretion of the service provider, referrals may also be required based on the presence of other indicators.
- **Toronto Fire Services /Municipal Licensing & Standards/ Child Protection/ Toronto Animal Services**
- **HOMES** can be used in a variety of ways, depending on needs and resources. It is recommended that a visual scan of the environment in combination with a conversation with the person(s) in the home be used to determine the effect of clutter/hoarding on **H**ealth, **O**bstacles, **M**ental Health, **E**ndangerment and **S**tructure in the setting.
- The Family Composition, Imminent Risk, Capacity, Notes and Post-Assessment sections are intended for additional information about the hoarded environment, the occupants and their capacity/strength to address the problem.

© Bratiotis, 2009 (adapted for City of Toronto with permission)

© Bratiotis, 2009. [The HOMES Assessment was developed in conjunction with the Massachusetts Statewide Steering Committee on Hoarding. Information about the assessment can be found in Bratiotis, Sorrentino Schmalisch, & Steketee, 2011. The Hoarding Handbook: A Guide for Human Service Professionals. Oxford University Press: New York.]

Toronto - HOMES[®] Multi-disciplinary Hoarding Risk Assessment

Hhealth

- Cannot use bathtub/shower
- Cannot access toilet
- Garbage/trash overflow
- Cannot prepare food

- Cannot sleep in bed
- Cannot use stove/fridge/sink
- Presence of spoiled food

- Presence of feces/urine (human or animal)
- Cannot locate medications or equipment

- Presence of pests/rodents
- Presence of mold or chronic dampness

Notes: _____

Obstacles

- Cannot move freely/safely in home
- Inability for EMT to enter/gain access

- Unstable piles/avalanche risk
- Egresses, exits or vents blocked or unusable

Notes: _____

Mental health

- Does not seem to understand seriousness of problem

- Does not seem to accept likely consequences of problem
- Defensive or angry

- Anxious or apprehensive
- Unaware, not alert, or confused

Notes: _____

Endangerment

- Threat to health or safety of child/minor
- Threat to health or safety of older adult
- Extreme weather (heat or cold alert)

- Threat to health or safety of person with disability
- Threat to health, welfare and/or safety of animal
- Number of pets exceeds more than six cats or three dogs

Notes: _____

Structure & Safety

- Unstable floorboards/stairs/porch/handrail guards
- Combustible items near ignition source

- Storage of hazardous materials/weapons
- Leaking roof
- Caving walls

- Electrical wires/cords exposed
- No heat/electricity
- No running water/plumbing problems

- No presence/operation of smoke alarm/carbon monoxide alarm

Notes: _____

Toronto - HOMES[®] Multi-disciplinary Hoarding Risk Assessment

Household Composition

of adults _____ # of children _____ # of pets _____
Ages of adults: _____ Ages of children: _____ Person who smokes in home Yes No
Assessment notes: _____

Risk Measurements

Imminent Harm to self, family, animals, public: _____
 Threat of Eviction: _____ Threat of Condemnation: _____

Capacity Measurements

Instructions: Place a check mark by the items that represent the strengths and capacity to address the hoarding problem

- Awareness of clutter
- Willingness to acknowledge clutter and risks to health, safety and ability to remain in home/impact on daily life
- Physical ability to clear clutter
- Psychological ability to tolerate intervention
- Willingness to accept intervention assistance

Capacity Notes: _____

Post-Assessment Plan/Referral

Date: _____ Client Name: _____ Assessor: _____