

Livingston County Hoarding Task Force

Livingston County
Hoarding
Task Force

Safety and Harm Reduction Assessment

Today's Date: _____

Agency working with family _____

Name of Referring source: _____

Contact name at home: _____ Address: _____

Phone Number: _____

Are any of the following safety risks in the home? Please check all that apply

- Excessive clutter
 - Less than 36 inch paths throughout the home
 - Less than 24 inches from ceilings
 - Less than 24 inch square around each window
- Mold or fungus
- Flammables stored near heat sources (stoves, water heater, refrigerator, etc.)
 - Less than 36 inches around heat sources
 - Any gas or propane equipment inside the home
- Food not stored in a sanitary manner
 - Rotten or expired food in the home
- Signs of cockroaches or rodents
- Signs of unsanitary pet environments
- How many pets do they have _____
- Excessive medications or kept past expiration
- Needles or sharps not kept in safe container
- Working smoke detectors throughout home

RELEASE OF INFORMATION

The Livingston County Hoarding Task Force is a group of local providers, emergency responders and agencies that support individuals and families affected by hoarding. The meetings include a Community-Based Interagency Team Approach to solutions. As part of this process, the group will discuss a case in the hope of identifying supports, resources and solutions for the household. This release allows that discussion to occur related to your household's situation. We are here to help, not judge!

Name _____ Date of Birth _____

SPECIFIC INFORMATION TO BE REQUESTED / DISCLOSED

- Personal Identifying Information
- Notice of Start/Receipt of Services
- Notice of End of Services
- Overall household environment for the purpose of developing a treatment plan
- Specific household dynamics that may aid in the development of household strengths and areas to support

PURPOSE OR NEED FOR REQUEST/DISCLOSURE

- Provision / Continuation of Services
- Coordination of Care
- Eligibility Determination for the Hoarding Assessment

MEMBERSHIP COVERED BY THIS RELEASE

- Livingston County Community Mental Health Authority
- Department of Health and Human Services
- Livingston County Animal Control
- Livingston County Law Enforcement Departments (Police/sheriff)
- Local Emergency Services (EMS/Fire Dept.)
- Cleaning companies that specialize in hoarding clean up (Caring Transitions/Betty's Brigade)
- Local Landlords
- Members of the Hoarding Task Force
- Referral Source: _____
- Anyone else resident would like included: _____

• I understand that authorizing the request/disclosure of information in my records is voluntary, and that my services will not be affected if I choose not to sign this form. I understand that I as the client / parent / guardian who signed this form can request to review or copy the information released/disclosed pursuant to this Authorization as allowed in 45 CFR 164.524, the Michigan Mental Health Code, 42 CFR Part 2, and any other applicable laws, rules and regulations.

• I understand that my information may be re-disclosed without my consent where allowed by law.

I also understand that any release/disclosure of information carries with it the potential for unauthorized re-disclosure and the information may not be protected by Federal Confidentiality Laws.

I hereby authorize the members of the **Livingston County Hoarding Task Force** to provide, request and exchange information for coordination of services.

This authorization, except for action already taken, can be revoked at any time by verbal or written notice to the Livingston County Hoarding Task Force.

Client Signature

Date

Witness Signature

Date