Home Safety Checklists
Halls, Stairs, Entrances

YES NO  
☐ ☐ Can you clearly see the outline of each step as you go both up and down? (Each step can be marked with brightly colored adhesive tape strips. Don't use shag carpets, deep-piled carpets or carpets with busy patterns on stairs.)
☐ ☐ Are there lights and light switches at both the top and bottom of the stairs?
☐ ☐ Do all stairways have securely-fixed handrails on both sides? (Rails should extend beyond the top and bottom steps, and the ends should turn in.)
☐ ☐ Does your hand wrap easily and completely around the rail? (Rails should be round and anchored one to two inches away from walls.)
☐ ☐ Are all carpets and runners well fastened down?
☐ ☐ Do stairs have even surfaces (no metal strips or rubber mats to trip you up)?
☐ ☐ Are stairs kept free of clutter?
☐ ☐ Are your outdoor stairs and walkways free from cracks, dips, and holes?

If you do fall
...call 9-1-1!

Call for help. Keep a telephone, along with emergency phone numbers, on a low table. It will be easier to reach if you fall and can't get up.

Keep warm. While you are waiting for help, cover up with a blanket, a coat, or even a rug if that's all you can reach.

See a doctor. Even if you don't think you're hurt, always see a doctor after a fall - especially if you don't know why you fell. Falling can often be a sign of illness or of problems with the medicine you're using.

Most FALLS can be prevented

As you grow older, the consequences of a fall become more serious. Broken bones often result and may lead to lifelong disability. Even when you fall and don't get hurt, the fear of falling again can limit the way you live your life.

Please use this fall prevention checklist and then make a “To Do” list. If you need help with some changes, talk to a family member, friend, neighbor, senior organization, or church.

Look inside for a fall prevention checklist.
Don't let a FALL get you down.
FALL
Prevention Checklist

Use this checklist to find and correct the hazards that could trip you up. Each "no" answer indicates a need for change in your home or your habits.

## Getting Around

**YES**  **NO**
- Do you take time to regain your balance when you sit up after lying down, or stand up after sitting?
- Do you wear supportive, rubber-soled, low-heeled shoes? Do your slippers fit well and have soles that provide traction? (Avoid walking in stocking feet.)
- If you feel dizzy from time to time, do you use a cane, walking stick, or walker?
- Do you watch for slippery pavement when walking outdoors and entering/leaving cars and buses?
- Are you alert to unexpected hazards in your path, such as out-of-place furniture, toys, and pets?
- Do you avoid walking on stairs or uneven surfaces in poorly-lit public places such as theaters?
- When you carry bulky packages, do you make sure they don’t block your view?

**YES**  **NO**
- Do you divide large loads into smaller loads, leaving one hand free to grasp railings?
- Do you avoid rushing to answer the phone or doorbell?
- Do you avoid rushing to cross streets, especially in wet or icy weather?
- Do you always use a step stool, never a chair, when you have to reach high places?
- Do you know how to reduce your chances of being injured once you have started to fall?
- If you live alone, do you make contact every day with a friend, relative, or neighbor? (If you were injured in a fall and couldn’t make contact, would someone check up on you?)

## Living Areas

**YES**  **NO**
- Can you turn on a light without having to walk into a dark room?
- Does your favorite chair have arm rests that are long enough to help you get up and sit down?
- Are your chairs and tables stable enough to support your weight if you lean on them?
- Are your small rugs and runners secured with carpet tape or non-slip backing?
- Do you use non-slip wax, or no wax at all, on polished floors?
- Are walkways kept clear of things that could trip you, such as cords, low furniture, and toys?

## Bathroom

**YES**  **NO**
- Do you keep a light or flashlight within easy reach of your bed?
- Do you have a night light that lights your path to the bathroom?
- Do the tub and shower have rubber mats, non-slip strips or non-slip surfaces?
- Do you have a grab bar on the wall or side of the tub/shower? (If balance or weakness is a problem, you should use a bath seat.)
- Is the floor safe? (If it’s slippery or has loose rugs or tiles, it’s risky.)
- Can you get on and off the toilet easily? (If you can’t, you should install a raised toilet seat and fix a grab rail into the wall next to the toilet. Or, install a grab rail that fastens onto the back of the toilet seat.)

## Kitchen

**YES**  **NO**
- Do you use a non-slip wax, no wax, or carpeting that’s fastened down well on the floor?
- If you insist on using floor mats, do you have a backing that grips?
- Can you reach the things you use most often without using a step stool?
- Is the lighting bright but not creating glare?
Community and Home Injury Prevention Project for Seniors
San Francisco Department of Public Health
San Francisco, CA

Home Safety Checklist Summary

Name ___________________________  Check the box that applies: doesn't apply/ don't know

√ Living Room - Family Room
1. Can you turn on a light without having to walk into a dark room?  yes no
2. Are lamp, extension or phone cords out of the flow of foot traffic in this room?  
3. Are passageways in this room free from objects and clutter (papers, furniture)?  
4. Are curtains and furniture at least 12 inches from baseboard or portable heaters?  
5. Do your carpets lie flat?  
6. Do your small rugs and runners stay put (don't slide or roll up) when you push them with your foot?  

√ Kitchen
7. Are your stove controls easy to see and use?  
8. Do you keep loose fitting clothing, towels, and curtains that may catch fire away from the burners and oven?  
9. Can you reach regularly used items without climbing to reach them?  
10. Do you have a step stool that is sturdy and in good repair?  

√ Bedrooms
11. Do you have a working smoke detector on the ceiling outside your bedroom door?  
12. Can you turn on a light without having to walk into a dark room?  
13. Do you have a lamp or light switch within easy reach of your bed?  
14. Is a phone within easy reach of your bed?  
15. Is a light left on at night between your bed and the toilet?  
16. Are the curtains and furniture at least 12 inches from your baseboard or portable heater?  

√ Bathroom
17. Does your shower or tub have a non-skid surface: mat, decals, or abrasive strips?  
18. Does the tub/shower have a sturdy grab-bar (not towel rack)?  
19. Is your hot water temperature 120° or lower?  
20. Does your floor have a non-slip surface or does the rug have a non-skid backing?  
21. Are you able to get off and on the toilet easily?
Community and Home Injury Prevention Project for Seniors,
San Francisco Department of Public Health
San Francisco, CA — Continued

√ Stairways
22. Is there a light switch at both the top and bottom of inside stairs? □ yes □ no □ don’t know
23. With the light on, can you clearly see the outline of each step as you go down the stairs? □ yes □ no □ don’t know
24. Do all stairways have sturdy handrails on both sides? □ yes □ no □ don’t know
25. Do handrails run the full length of the stairs, slightly beyond the steps? □ yes □ no □ don’t know
26. Are all steps in good repair (not loose, broken, missing or worn in places)? □ yes □ no □ don’t know
27. Are stair coverings (rugs, treads) in good repair, without holes and not loose, torn or worn? □ yes □ no □ don’t know

√ Hallways and Passageways
28. Do all small rugs or runners stay put (don’t slide or roll up) when you push them with your foot? □ yes □ no □ don’t know
29. Do your carpets lie flat? □ yes □ no □ don’t know
30. Are all lamp, extension and/or phone cords out of the flow of foot traffic? □ yes □ no □ don’t know

√ Front and Back Entrances
31. Do all entrances to your home have outdoor lights? □ yes □ no □ don’t know
32. Are walkways to your entry free from cracks and holes? □ yes □ no □ don’t know

√ Throughout Your House
33. Do you have an emergency exit plan in case of fire? □ yes □ no □ don’t know
34. Do you have emergency phone numbers listed by your phone? □ yes □ no □ don’t know
35. Are there other hazards or unsafe areas in your home not mentioned in this checklist that you are concerned about? If so, what? __________________________

Making Your Home Safer

What home safety changes do you want to make?
1. __________________________
2. __________________________
3. __________________________

CALL THE COMMUNITY AND HOME INJURY PREVENTION PROJECT FOR SENIORS (CHIPPS) FOR SAFETY ASSESSMENT INFORMATION AND REFERRAL SERVICES AT 554-3274. THIS PROGRAM IS SPONSORED BY THE OFFICE OF SENIOR HEALTH SERVICES AND THE BUREAU OF HEALTH PROMOTION AND EDUCATION, SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH.
<table>
<thead>
<tr>
<th>Hazard</th>
<th>OK</th>
<th>NO</th>
<th>SUGGESTION/ACTION</th>
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<tbody>
<tr>
<td><strong>INTERIOR</strong></td>
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<tr>
<td><strong>Floors</strong></td>
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<tr>
<td>Small rugs are tacked down or slip-resistant.</td>
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<tr>
<td>Flooring (rugs, tile, boards) in good repair.</td>
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<tr>
<td>Cords are not stretched across pathways or under rugs.</td>
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<tr>
<td>Door sills are low.</td>
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<tr>
<td>Sleeping pets are out of pathways.</td>
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<tr>
<td>Exits, halls, and pathways are kept clear.</td>
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<tr>
<td><strong>Lighting</strong></td>
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<tr>
<td>Exits, halls, and pathways are well lit.</td>
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<tr>
<td>Lights can be turned on before going through a dark area.</td>
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<tr>
<td>Night lights are used (hallways, bedroom, bath).</td>
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<tr>
<td>A working flashlight in case of power outage.</td>
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<tr>
<td>Stairways are well lit.</td>
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<tr>
<td>There is a light or light switch within reach of the bed.</td>
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<tr>
<td><strong>Phone</strong></td>
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<tr>
<td>There is a working phone to call for emergency help.</td>
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<tr>
<td>They are aware of Lifeline/Alert link.</td>
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<tr>
<td>There is a phone by the bed.</td>
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<tr>
<td>Emergency numbers are posted, and can be seen.</td>
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<tr>
<td><strong>Stairs</strong></td>
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<tr>
<td>Have secure handrails from top to bottom.</td>
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<tr>
<td>Steps and their coverings are in good condition.</td>
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<tr>
<td>Steps have non-skid surface.</td>
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<tr>
<td>Steps are even to allow sure footing.</td>
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<tr>
<td>Items are not stored on steps, even temporarily.</td>
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<tr>
<td><strong>Bathroom</strong></td>
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<tr>
<td>Bath tubs and showers equipped with non-skid rubber mats or surfaces.</td>
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<tr>
<td>Bath tub and showers have at least one grab bar.</td>
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<tr>
<td>A shower chair is used</td>
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<tr>
<td>There is difficulty getting on and off the toilet</td>
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### Pro Action Senior Wellness Program

**Bath, NY — Continued**

<table>
<thead>
<tr>
<th>Hazard</th>
<th>OK</th>
<th>NO</th>
<th>SUGGESTION/ACTION</th>
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<tbody>
<tr>
<td><strong>Kitchen</strong></td>
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<tr>
<td>Everyday dishes and foods are placed on lower shelves so there's no need to climb.</td>
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<tr>
<td>For reaching high shelves there is a sturdy step stool with a hand rail.</td>
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<tr>
<td><strong>Bedroom</strong></td>
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<tr>
<td>Bed is at the proper height.</td>
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<tr>
<td>Furniture is arranged to prevent tripping.</td>
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<tr>
<td>Pathways are kept clear.</td>
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<tr>
<td><strong>EXTERIOR</strong></td>
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<tr>
<td>Outside porch/exit light is working.</td>
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<tr>
<td>Outside stairs are in good condition.</td>
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<tr>
<td>Outside steps have handrails.</td>
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<tr>
<td>A ramp is present, or needed.</td>
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<tr>
<td>The ramp is in good repair.</td>
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<tr>
<td>Steps have non-slip surface.</td>
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<tr>
<td>Entrance area is in good condition.</td>
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<tr>
<td>Side walks and steps free of debris and snow.</td>
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<tr>
<td>Side walks/pathways in good condition.</td>
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<tr>
<td>Clothes lines are high enough for pedestrians.</td>
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<tr>
<td><strong>OTHER</strong></td>
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<tr>
<td>Smoke detectors are present.</td>
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<tr>
<td>Smoke detectors are checked twice a year using a cane or yardstick.</td>
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<tr>
<td>A system is used to remember to take medications.</td>
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<tr>
<td>Chair exercises are done at least 3 times per week.</td>
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<tr>
<td>No problems rushing to bathroom to use the toilet.</td>
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<tr>
<td>Alcohol consumption is kept to a minimum.</td>
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<tr>
<td>They are able to prepare meals.</td>
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<tr>
<td>Canes, walkers, wheelchairs are in good condition.</td>
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<tr>
<td>Water temperature is at 120 degrees or less</td>
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<tr>
<td>Windows and doors are airtight(weatherization)</td>
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</table>
Pro Action Senior Wellness Program
Bath, NY — Continued

Intake Sheet

Date _______ / _______ / _______  SS# __________________________

Name ___________________________________ DOB _______ Age ________ M F
Name ___________________________________ DOB _______ Age ________ M F
Address __________________________________ Township _______ Phone _______
Others in house ___________________________ Responsible party ________
Directions to home:

Referred from: OFA, NUT, OTHER  Phone/contact ________ Family type: SF, SM, 2A
Type of housing: Own, rent, homeless  Education: -8, -12, 12 or GED, College
Dr. ________________________________  Health Insurance ________ Yes, No
Vet/Widow __________________________ Race: B, W, H, NA, A, Other
Income Level________________________ Mo/wk/yr  Source of income: EMP, SSI, PEN, NONE

Health Condition: Poor, Fair, Good  Ambulatory Yes, No- cane, walker, wheelchair
Problems: Heart, Vision, Hearing, CHF, High Blood Pressure, Other __________________

Medications:
Person 1: __________________________________________________________

Person 2: ___________________________________________________________

History of falls: Yes, No, How many times, ____________ Hospitalized: Yes, No

 ________________________________

Services Received: FS, MA, PHN, HEAP, MOW, EARS, HOME, EPIC, EISEP, AUTO, OTHER

Referrals needed: VESID, RISE, OFA, MOW, WEATHERIZATION, PHN, STAVI, Other ______
_____  Date referred ____________  Follow up date _____________

Modifications needed:
grab bar  bath mat  night light  tub seat
tub rail  hand held shower  rug grabber  commode
wheel chair  hand rails  safety walk tape  caution tape
ramp  transfer bench  raised toilet seat  exercise equipment
Other services __________________________
Educational Materials
REDUCING YOUR RISK OF FALLING

A WIDESPREAD PROBLEM

ONE THIRD TO ONE HALF OF THE POPULATION OVER AGE 65 EXPERIENCE FALLS

FIVE PERCENT OF FALLS LEAD TO FRACTURES

ADDITIONAL TEN PERCENT WILL SUSTAIN OTHER SERIOUS INJURIES

CAUSES OF FALLS

INTERNAL RISK FACTORS
MEDICAL CONDITIONS
DECREASED VISION
MEDICATIONS
DECREASED STRENGTH
FOOT PROBLEMS

EXTERNAL RISK FACTORS
UNEVEN/SLIPPERY SURFACES
POOR LIGHTING
ACTIVITY LEVEL
TIMING DEMANDS (I.E. CROSSING STREETS)

REDUCING YOUR RISK

TAKE CARE OF MEDICAL PROBLEMS AS NEEDED
HAVE YOUR VISION CHECKED AND WEAR EYEGLASSES AS NEEDED
CHECK WITH YOUR DOCTOR REGARDING POSSIBLE MEDICATION INTERACTION WHICH MAY AFFECT YOUR BALANCE
TAKE MEDICATION ONLY AS PRESCRIBED
EXERCISE
TAKE CARE OF YOUR FEET AND WEAR SUPPORTIVE, RUBBER SOLED SHOES
INSTALL PROPER LIGHTING THROUGHOUT YOUR HOME - USE NIGHTLIGHTS
STAY ON PATHWAYS
REMOVE CLUTTER, UNSECURED SCATTER RUGS FROM WALKWAYS IN YOUR HOME
LET THE PHONE RING - USE A PORTABLE PHONE, *69, OR ANSWERING MACHINE
USE A CANE, WALKER OR OTHER DEVICE IF INSTRUCTED TO DO SO
SIMPLE STEPS TO REDUCE THE RISK OF FALLING

PROPER LIGHTING
1. Always turn on lights before going into a room.
2. Replace any burned-out light bulbs immediately.
3. Night-lights are inexpensive and invaluable in contributing to visibility at night, especially in hallways, bathrooms and bedrooms.
4. Make sure indoor and outdoor walkways are properly lighted, especially at night.

SECURE WALKWAYS
1. Carpets should be securely fastened down. Avoid throw rugs. Place non-skid backing on rugs and replace as needed.
2. Place bright, contrasting color tape on the top and bottom steps of stairways.
3. Keep walkways clear of miscellaneous or misplaced objects, especially cords from lights or telephones.
4. Don't take shortcuts off established walkways; they can be dangerous.
5. Be alert to pets and children who can move quickly and unexpectedly.
6. Clean up all spills immediately.

BATHROOM SAFETY
1. Install and use tightly fastened grab bars in the bathtub/shower and on the wall next to the tub/shower when possible.
2. Install non-slip strips or mats in bathtub/shower. Replace as necessary.
3. Grab bars or handrails can be installed by the toilet or use a raised toilet seat with arms.
4. Use a bath bench to eliminate need to stand in shower or sit on floor of tub if this is difficult for you.
5. Use a hand held shower to make bathing easier.
RAILINGS

1. Install hand rails on outside stair.
2. Install hand rails on inside stairs and check to make sure they are not loose.

FOOTWEAR

1. Wear footwear with soles and heels that provide good support and traction between your feet and the surface your walk on.
2. Avoid wearing on socks, smooth-soled shoes, or slipper on stairs, wood or waxed floors.

WET, SLIPPERY OR UNFAMILIAR, UNEVEN SURFACES

1. Pay attention to the surface you are walking on: be alert for ice, snow, wet or dry leaves, moss covered stone paths or steps.
2. When you get out of a car, be sure to test the surface for wetness or iciness before standing up and walking.
3. Be careful on tile or marble floors.

GENERAL SAFETY

1. When visiting friends, be alert to possible hazards, as you are in an unfamiliar environment.
2. Be alert as you enter and exit any areas that have curbs.
3. Be alert when entering or exiting elevators.
4. Let the phone ring - don't run to answer it.
5. Never climb onto a chair to change a lightbulb or reach high objects on shelves. Use a sturdy stool or step ladder or have someone else do it.

PERSONAL SAFETY

1. Have vision and hearing tested regularly and properly corrected.
2. Use caution in getting up too quickly after eating, lying down or resting.
3. Talk to your doctor or pharmacist about the side effect of the drugs you are taking and how they may affect your balance or coordination.

4. Limit alcohol intake.

5. Use a cane, walking stick, or walker to help maintain balance as recommended by your doctor or physical therapist.

6. Maintain a regular program of activity.
EducatioNal Materials — B–31

York County Fire & Life Safety
Williamsburg, VA

Fall Prevention Program
An original program targeting the senior citizens of York County with the purpose of reducing falls in & around the home.

Actions to take:

Seek a doctor’s assistance for anyone experiencing sudden changes in walking with frequent falls.

Obtain a free fall prevention screening given by York County Fire & Life Safety. By appointment, on-duty personnel will come to homes in York County and screen for fall hazards. Any recommendations made will be accompanied by a list of possible resources.

Call 890-3600 to schedule a screening.
Fall Facts:

- Thirty-five to forty percent of persons over 65 years of age fall at least once a year & seek medical attention.

- Of persons over 65 who suffer a hip fracture, 60% are discharged to a nursing home.

- Fifty percent of women age 65 have a hip at fracture threshold due to bone loss.

- At age 85, 100% of women have a hip at fracture threshold.

Fall Prevention Tips:

- If a person is holding onto furniture as they walk, they are at risk for falls. Use of a walker or cane with training by a physical therapist can lessen the risk.

- Use of power failure lights prevents walking in the dark. These simple devices can be installed in electrical outlets & are especially helpful near stairs.

- One cause of dizziness results from a sudden change in position. Clenching hands and wiggling toes prior to standing reduces this form of dizziness.

- A person who is unsteady on their feet may be at risk for a fall in the bathroom. Use of a tub seat or shower chair along with a handheld shower massage with extra-long cord may help avoid slips.

- Sudden changes in surfaces such as curbs or ramps can cause a loss of balance. When painted brightly, these surface changes are easier to identify.

- A person's balance can be worse when walking in the dark. Use of nightlights or having a lamp near the bed can improve safety when getting up at night.

Liability Waiver
Pro Action Senior Wellness Program
Bath, NY

Release Form

Name

Release of Information

I understand that the information I have provided is confidential and will be used only to assist me in obtaining needed and appropriate services in the community.

Permission for Home Safety Modifications

I give permission for Pro Action of Steuben and Yates Inc. to provide Home Safety Modifications.

I shall at all times save harmless Pro Action of Steuben and Yates Inc. any of its employees and associates from all claim damages, judgements, including any action for personal injury , and any other affiliated claims, by reason of any act or failure to properly act on the part of Pro Action of Steuben and Yates Inc., as may arise from their performance under this contract.

Signed __________________________ Date ___________

Surveyor __________________________ Date ___________
NOTICE OF YOUR RIGHT TO FILE A GRIEVANCE

As a participant in the Pro Action Senior Wellness Program, services provided through a contract with SCOFA under Title III-F of the Older American's Act, you have a right to file a grievance if services are denied to you or if you are dissatisfied with the service provided.

Assistance is available, upon request, to help you with filing a grievance if you are unable or have difficulty doing so.

You must submit your grievance in writing to the Senior Wellness Coordinator of Pro Action of Steuben and Yates, Inc., at 117 E. Steuben Street, Suite 11, Bath, NY 14810 for an initial review within thirty (30) days of denial, reduction or termination of services, or of the event or circumstance with which you are dissatisfied.

Forms are available at Pro Action of Steuben & Yates, Inc., 117 E. Steuben Street, Suite 11, Bath, NY 14810 for filing a grievance. Copies of our entire grievance procedure are also available upon request at the same office.