

## LODGE SERVICE PROJECT Home Visit Check List

*When you visit senior Masonic family members (Masons, wives, and widows), help ensure their safety by consulting the following checklist.*

Lodge Representative: \_\_\_\_\_

Date: \_\_\_\_\_

### Attendance at lodge events:

Does the mason/widow attend lodge events? \_\_\_\_\_

Does the member interact with any members or groups? \_\_\_\_\_

Do they receive the lodge Trestleboard? \_\_\_\_\_

When was the last contact with this member? \_\_\_\_\_

### Home Visit Observations:

Does the member live in a safe\* environment?  
\_\_\_\_\_

*\*Safety relative to their needs; for example, are there stairs without handrails? Are there sufficient lights? Etc.*

- Are there objects blocking the entrance or exits?  
\_\_\_\_\_

- Are there trip hazards? \_\_\_\_\_

- Is clutter so excessive that it reaches the ceiling?  
\_\_\_\_\_

Does the home appear to be maintained and clean?  
\_\_\_\_\_

- Can the member move around the home safely?  
\_\_\_\_\_

- Do the member's home and yard appear maintained and clean?  
\_\_\_\_\_

- Are the bills paid? \_\_\_\_\_

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Does the member have enough to eat? \_\_\_\_\_

- Is there expired food in the refrigerator? Cabinets?  
\_\_\_\_\_

- Are there enough toiletries? \_\_\_\_\_

- Does bedding seem clean? \_\_\_\_\_

Does the member have any medical needs?  
\_\_\_\_\_

- Are they taking medications?  
\_\_\_\_\_

- How do they get their medication?  
\_\_\_\_\_

Does the member have any physical limitations?  
\_\_\_\_\_

- Do they appear able to take care of themselves physically and cognitively? \_\_\_\_\_

- Does the member seem alert and lucid?  
\_\_\_\_\_

- Are the member's general hygiene and appearance good?  
\_\_\_\_\_

Does the member have reliable transportation?  
\_\_\_\_\_

Can the member drive safely? \_\_\_\_\_

- If not, how do they get to the store?  
\_\_\_\_\_

- How do they get to their medical appointments?  
\_\_\_\_\_

Does the member have a support system that can help them meet their needs? \_\_\_\_\_

- If so, who is the person(s)?  
\_\_\_\_\_

- Where do they live?  
\_\_\_\_\_

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- How often do they get in contact?

\_\_\_\_\_

- Is the member's general hygiene and appearance good?

\_\_\_\_\_

Does the member have the financial resources to meet their daily needs? \_\_\_\_\_

- Does anyone help them manage their finances?

\_\_\_\_\_

- If so, who is it?

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Other concerns noted:

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Note: If the member appears to need help making ends meet or caring for themselves or their family, please let them know about the resources available to them through Masonic Assistance. **Masonic Assistance can be reached at (888) 466-3642 or [masonicassistance@mhccuc](mailto:masonicassistance@mhccuc).**