

Green & Healthy Home Intake Form

Referring Organization: _____ Date: _____

First Name: _____	Last Name: _____	
Property Street Address: _____	Apt. #: _____	
City: _____	Zip Code: _____	County: _____
Mailing Address (If Different): _____		
Home Phone: _____	Cell Phone: _____	Alt. Phone: _____
Email Address: _____	Language Spoken: _____	

Was Your Home Built Before 1978? Yes No Don't Know

Do You Have a Lead Safe Certificate? Yes No Don't Know

Was Your Home Tested for Radon? Yes No Don't Know

Do Any Apply to Your Home? (Check all that apply)

- I can smell gas in my home – Call 911 Now
- Furnace/boiler/water heater doesn't work
- A/C doesn't work
- Home is too hot or too cold
- Utility bills seem too high
- Electrical problems
- Exposed electric wires
- Chipping or peeling paint
- Windows or doors don't close/lock
- Uneven floors/broken stairs
- Water leaks
- Flooded in the past
- Mold
- Roof problems (for example, leaks)
- My home is in foreclosure
- Pests or pest droppings
- Difficult to move around my house
- Old or non-working smoke detectors
- Old or non-working carbon monoxide (CO) detectors

Do Any of These Apply to Anyone in Your Home?

- Senior (age 60+)
- Special mobility needs
- Children under 6 (live full-time or visit)
- Pregnant women (live full-time or visit)
- Diagnosed by a doctor as having asthma
- Use a respirator or oxygen tank
- Veteran
- Short of breath, wheezing, tight chest or coughing
- Elevated Blood Lead Level
- Other Health Issues _____

Is Anyone in Your Home Enrolled in Any of these Program?

- Women, Infants, and Children (WIC)
- Social Security/Disability
- Medicare/Medicaid
- Rental Assistance/Section 8
- Public Housing
- Energy Assistance/HEAP
- Check all that apply: TANF EBT SNAP
- Health Insurance: Yes _____ No

Do You Rent or Own Your Home?

- Own 1-4 units # _____ Owner-Occupied Mobile Home
- Rent 5+ units # _____ Investment Property Vacant Home

How Many People Live in Your Home Full-Time? _____

What is the Estimated Combined Income for All Occupants in Your Home? _____

How Much is Your Rent/Mortgage Payment Each Month? _____

Are You Current on Your Mortgage/Rent? Yes No Don't Know

Are You Current on Your Taxes? Yes No N/A

If You Rent, Have You Spoken with Your Landlord about these Issues? Yes No N/A

May We Contact Your Landlord? Yes No N/A

Landlord/Property Owner: Name: _____ Phone: _____



Green & Healthy Homes Initiative®

Green & Healthy Homes Initiative (GHHI) Greater Capital Region is a partnership of local nonprofits, government agencies, coalitions, health and utility providers. GHHI delivers services and products and provides education with the goal of fostering healthy homes, individuals and families.

Permission to share your information allows greater access to services and resources and coordination of improvements for home, health and safety, energy efficiency, and lead hazard control. Each program may require an additional application.

To get started, please fill-in and sign the GHHI Referral & Consent below.

GHHI REFERRAL & CONSENT

With this written consent, I understand that I am giving my authorization and permission to the Referring Agency named below to share information regarding my contact, asset, income and other household information to apply for any of the available resources within the GHHI Capital Region Network, which my family or I may qualify. I understand that I may revoke this consent at any time and that this consent expires automatically two years from the date I sign below. I understand that this information may be transmitted via fax or email.

Name: _____

Address: _____

City _____ Zip _____

County _____

Phone: _____

Email: _____

Signature _____

Date _____

REFERRING AGENCY

Contact: _____

Agency: _____

Address: _____

City _____ Zip _____

Phone: _____

Email: _____

