

DCED/DPW CRISIS INTERFACE REFERRAL FORM

PART A - To be completed by CAO or Crisis Contractor

Client Name		Individual Number	County						
Client Address (Include Street, City, State & Zip code)									
Telephone (Work Number)		Telephone (Home Number)	Alternate (Number)						
Total Occupants in Household	No. 0-2 yrs.	No. 3-5 yrs.	No. 6-59 yrs.						
Annual Income 	Income Levels: (Check One) <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Under 75% poverty level: <input type="checkbox"/></td> <td>75-100% poverty level: <input type="checkbox"/></td> <td>101-115% poverty level: <input type="checkbox"/></td> </tr> <tr> <td>116-125% poverty level: <input type="checkbox"/></td> <td>126-135% poverty level: <input type="checkbox"/></td> <td>136-150% poverty level: <input type="checkbox"/></td> </tr> </table>			Under 75% poverty level: <input type="checkbox"/>	75-100% poverty level: <input type="checkbox"/>	101-115% poverty level: <input type="checkbox"/>	116-125% poverty level: <input type="checkbox"/>	126-135% poverty level: <input type="checkbox"/>	136-150% poverty level: <input type="checkbox"/>
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Owner/Landlord Name		Building Type (Check One) Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Mobile home <input type="checkbox"/>	Telephone Number						
Owner/Landlord Response to Crisis:									
Fuel Types (Mark as 1st and 2nd) Natural Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Propane <input type="checkbox"/> Kerosene <input type="checkbox"/> Electric <input type="checkbox"/>									
Is there currently fuel available to the dwelling <input type="checkbox"/> Yes <input type="checkbox"/> No									
Delivery Source (Mark as 1st and 2nd) Forced Air <input type="checkbox"/> Hot Water <input type="checkbox"/> Steam <input type="checkbox"/> Wood Stove <input type="checkbox"/> Gravity <input type="checkbox"/> Space Heater <input type="checkbox"/>									
Other (Explain)									

Heating Vendor Name	Telephone Number	Has a Heating Contractor verified nature of the crisis? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name if different heating contractor	Telephone Number	Nature of the crisis and/or needed repair
How are you heating your home at present time?		Do you need auxiliary heat, i.e., an electric heater? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is temporary shelter available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred to DCED by:	Date <input type="checkbox"/> AM <input type="checkbox"/> PM

PART B - To be completed by Weatherization provider: (Check off Code)

Weatherization Code:	DPW Data Entry Code:	Date Referral Received  Date Completed 
D Repair of heating system	P <input type="checkbox"/>	Name of Contractor
E Loan of auxiliary heater	Q <input type="checkbox"/>	Date Referred to Temporary Shelter 
Date of Loan: <input type="text"/>		If referral is rejected: (Explanation)
F Repair of gas or other fuel lines	R <input type="checkbox"/>	Agency Name
G Replacement of heating system	S <input type="checkbox"/>	<input type="text"/>
H Repair of hot water heating system	T <input type="checkbox"/>	<input type="text"/>
I Pipe thawing service	U <input type="checkbox"/>	<input type="text"/>
J Repair of broken window	V <input type="checkbox"/>	<input type="text"/>
K Loan of blanket	W <input type="checkbox"/>	<input type="text"/>
		Authorized Signature _____ Date _____