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.	No. 60 yrs. or older	No. Disabled

Annual Income

$

Income Levels: (*Check One*)

Under 75% poverty level: ☐ 75-100% poverty level: ☐ 101-115% poverty level: ☐

116-125% poverty level: ☐ 126-135% poverty level: ☐ 136-150% poverty level: ☐

Owner/Landlord Name	**Building Type** *(Check One)* Single Family ☐ Multi Family ☐ Mobile home ☐	Telephone Number

Owner/Landlord Response to Crisis:

Fuel Types *(Mark as 1st and 2nd)*

Natural Gas ☐ Fuel Oil ☐ Coal ☐ Wood ☐ Propane ☐ Kerosene ☐ Electric ☐

Is there currently fuel available to the dwelling ☐ Yes ☐ No

Delivery Source *(Mark as 1st and 2nd)*

Forced Air ☐ Hot Water ☐ Steam ☐ Wood Stove ☐ Gravity ☐ Space Heater ☐

Other *(Explain)*

Life threatening situation to be resolved within 18 hours of referral: ☐ Yes ☐ No

Heating Vendor Name	Telephone Number	Has a Heating Contractor verified nature of the crisis? ☐ Yes ☐ 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? ☐ Yes ☐ No

Is temporary shelter available? ☐ Yes ☐ No	Referred to DCED by:	Date	Time ☐ AM ☐ PM

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

Weatherization Code:		**DPW Data Entry Code:**	
D	Repair of heating system	P	
E	Loan of auxiliary heater	Q	
	Date of Loan:		
F	Repair of gas or other fuel lines	R	
G	Replacement of heating system	S	
H	Repair of hot water heating system	T	
I	Pipe thawing service	U	
J	Repair of broken window	V	
K	Loan of blanket	W	

Date Referral Received	Date Completed

Name of Contractor

Date Referred to Temporary Shelter

If referral is rejected: *(Explanation)*

Agency Name

Authorized Signature *Date*