


DCED/DHS CRISIS INTERFACE REFERRAL FORM

PART A - To be completed by CAO or Crisis Contractor

Last Name	First Name	MI	Individual Number (MCI)	DOB	County
Client Address (Include Street, City, State & Zip code)				Best Phone Number	
Additional Household Members		Name, DOB		Name, DOB	
Name, DOB		Name, DOB		Is anyone disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name, DOB		Name, DOB			
Annual Income  \$		Income Levels: (Check One) 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"/>			
Owner/Landlord Name		Telephone Number		Building Type (Check One) Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Mobile home <input type="checkbox"/>	
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)					
Life threatening situation to be resolved within 18 hours of referral: <input type="checkbox"/> Yes <input type="checkbox"/> No					

Heating Vendor Name		Telephone Number		Has a Heating Contractor verified the 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	Time <input type="checkbox"/> AM <input type="checkbox"/> PM

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

Weatherization Code:

- ☐ P Repair of heating system
☐ Q Loan of auxiliary heater
☐ R Repair of gas or other fuel lines
☐ S Replacement of heating system
☐ T Repair of hot water heating system
☐ U Pipe thawing service
☐ V Repair of broken window
☐ W Loan of blanket

Date Referral Received	Date Completed
Name of Contractor	
Date Referred to Temporary Shelter	
If referral is rejected: (Explanation)	
Agency Name	
<div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Authorized Signature</div> <div>Date</div> </div>	