

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: <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		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)					
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 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: <input type="checkbox"/> P Repair of heating system <input type="checkbox"/> Q Loan of auxiliary heater Date of Loan: <input style="width: 100px;" type="text"/> <input type="checkbox"/> R Repair of gas or other fuel lines <input type="checkbox"/> S Replacement of heating system <input type="checkbox"/> T Repair of hot water heating system <input type="checkbox"/> U Pipe thawing service <input type="checkbox"/> V Repair of broken window <input type="checkbox"/> W Loan of blanket	Date Referral Received		Date Completed	
	Name of Contractor			
	Date Referred to Temporary Shelter			
	If referral is rejected: (Explanation)			
	Agency Name			
	_____ Authorized Signature		_____ Date	