

DCED/DHS CRISIS INTERFACE REFERRAL FORM

PART A - To be completed by CAO or Crisis Contractor

Last Name	First Name	MI	Record Number	DOB	County
Client Address <i>(Include Street, City, State & Zip code)</i>					Best Phone Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Race _____	Ethnicity _____		Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL HOUSEHOLD MEMBERS

Name	DOB	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Race _____	Ethnicity _____
Name	DOB	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Race _____	Ethnicity _____
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RACE: (1) Black or African American, (3) American Indian or Alaskan Native:, (4) Asian, (5) White, (6) Other, (7) Native Hawaiian or other Pacific Islander, (8) Unknown
 ETHNICITY: (1) Non-Hispanic, (2) Hispanic or Latino

ANNUAL INCOME

\$

Owner/Landlord Name	Telephone Number	Building Type <i>(Check One)</i> <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Mobile Home
Owner/Landlord Address <i>(Include Street, City, State & Zip code)</i>		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Delivery Source <i>(Mark as 1st and 2nd)</i> <input type="checkbox"/> 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
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Other *(Explain)*

Life threatening situation to be resolved within 18 hours of referral *(Must be documented medical emergency)*: Yes No

Heating Vendor Name	Telephone Number	Nature of the crisis and/or needed repair
Has a Heating Contractor verified the nature of the crisis? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of Heating Contractor	
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

Please list additional household members on the back page.

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

Summary of Crisis Work Code:

- P Repair of heating system
- Q Loan of auxillary heater
Date of loan: _____
- 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 broken window
- W Loan of blanket

Date Referral Received	Date Completed
Name of Contractor	
Date Referred to Temporary Lodging	
Date Agency first contacted client	Time Agency first contacted client <input type="checkbox"/> AM <input type="checkbox"/> PM
If referral is rejected: (<i>Explanation</i>)	
Agency Name	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="flex-grow: 1; border-top: 1px solid black; text-align: center;"> <i>Authorized Signature</i> </div> <div style="border-top: 1px solid black; text-align: center;"> <i>Date</i> </div> </div>	

ADDITIONAL HOUSEHOLD MEMBERS

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