

L.I.G.H.T. Referral

(Leading Innovation for a Green and Healthy Tomorrow)

Name:

Phone:

Date:

Address:

Rent/Own:

Household Income:

Office making referral:

Caseworker Name:

Other known agencies client is working with:

Demographic Questions

Child under 6 in house:	Yes	No
Elevated blood level for child:	Yes	No
Child 2-18 with asthma:	Yes	No
Age:		
Senior citizen living in house:	Yes	No
Disabled resident in house:	Yes	No
Number of people living in house:		_____

Housing Questions

Does the roof leak:	Yes	No
Are there sewerage leaks, damaged sewer lines or back-ups:	Yes	No
Are the walls, floors and ceilings structurally stable:	Yes	No
Is there noticeable mold/mildew in the house:	Yes	No
Is there water damage in the basement:	Yes	No
Are there major electrical hazards in the house:	Yes	No
Does the heating system work:	Yes	No

Additional Comments

Priority Services Requested (check off highest priority items)

Furnace	Roof	Plumbing	Electrical	Other	Structural
Fall/Injury	Lead	Asthma	Mold	Energy conservation	

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