DEPARTMENT OF ENERGY & ENVIRONMENT

GOVERNMENT OF THE DISTRICT OF COLUMBIA

HEALTHY HOUSING PROGRAM
REFERRAL FORM

Program Eligibility:

- District of Columbia Resident
- Pregnant Woman and/or a Child ≤ 18 Years of Age in Home
- ≥ 1 Housing-Related Concerns

Referral Date:

Referred By: Name: ____________________
Agency: ____________________
Phone: ____________________
Email: ____________________

BASIC DEMOGRAPHIC & CONTACT INFORMATION

Child Name: ______________________________

O Mark circle if client is a Pregnant Woman without children currently in the household (*Specify her name as Parent/Guardian*)

Child Date of Birth: ____________ **Child Gender**: M / F

Parent/Guardian Name: ______________________ **Email**: ______________

Home Phone Number: ____________ **Alternate Phone Number**: ______________

Home Address: Street: ______________________________ Zip Code: ________

HOUSING CONCERN(S): (*Check all that apply and specify severity*)

	Minor Issue		Moderate Issue		Severe Issue
O Chipping/Peeling Paint	1	2	3	4	5
O Mold	1	2	3	4	5
O Water Damage/Leaks	1	2	3	4	5
O Pests (Insects/Rodents)	1	2	3	4	5
O Excessive Household Dust	1	2	3	4	5
O Renovation/Structural Concerns	1	2	3	4	5

List the names and ages of additional children in the household if applicable: ____________________

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Other information you believe is important for us to know about this household:

Please fax this form through our secure fax line at (202) 535-2607