

**LEAD-SAFE AND HEALTHY HOUSING DIVISION  
HEALTHY HOMES 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: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**BASIC DEMOGRAPHIC & CONTACT INFORMATION**

**Primary Child Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Additional Child:** \_\_\_\_\_ **Child Gender:** M / F

**Additional Child:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Alternate Phone Number:** \_\_\_\_\_

**Home Address:** Street: \_\_\_\_\_ **Unit Number:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

	<b>Minor Issue</b>		<b>Moderate Issue</b>		<b>Severe Issue</b>
<input type="radio"/> Chipping/Peeling Paint	1	2	3	4	5
<input type="radio"/> Mold	1	2	3	4	5
<input type="radio"/> Water Damage/Leaks	1	2	3	4	5
<input type="radio"/> Pests (Insects/Rodents)	1	2	3	4	5
<input type="radio"/> Renovation/Structural Concerns	1	2	3	4	5