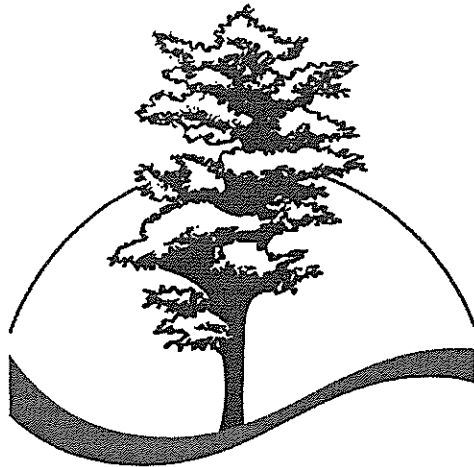


# SHELTER PLUS CARE

## Intake Packet



Fairview  
Recovery  
Services

**OASAS Shelter Plus Care  
Program Management Guide**

**B. Participant Files Checklist**

**Participant ID:** \_\_\_\_\_

- Participant Intake Form
- Participant Service Plan Form
- Participant Progress/Case Notes
- Homelessness Certification
- Documentation of Disability
- Initial Tenant Rent Calculation Worksheet and Income Verification
- Annual Tenant Rent Calculation Worksheet and Income Verification
  
- Supportive Services Match Documentation
- Participant Occupancy Agreement (signed, dated)
- Current S+C Lease with Landlord (signed, dated)
- Initial Housing Habitability Standards Inspection
- Annual Housing Habitability Standards Re-inspections/Updates
- Rent Reasonableness Checklist
- Certification of Rent Reasonableness

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**Comments:**

# SHELTER PLUS CARE TERMINATION

NAME: \_\_\_\_\_

MOVE IN DATE: \_\_\_\_\_ MOVE OUT DATE: \_\_\_\_\_

# OF MONTHS IN PROGRAM: \_\_\_\_\_

GROSS MONTHLY INCOME (Last Report): \_\_\_\_\_

ASSISTANCE SOURCES AT PROGRAM EXIT (CODE 14A/B): \_\_\_\_\_

REASONS FOR LEAVING PROGRAM: \_\_\_\_\_  
\_\_\_\_\_

DESTINATION (CODE 17): \_\_\_\_\_

HOUSING TYPE (CODE 19): \_\_\_\_\_

FOLLOW UP, IF ANY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CASE MANAGER

## NY-511 ShelterNET HMIS Client Release

Use of a Homeless Management Information System is required by the US Department of Housing and Urban Development (HUD) for agencies that receive certain types of HUD funding. This ShelterNet HMIS is not electronically connected to HUD and is only used by authorized agencies. All ShelterNet users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A Privacy Notice is available at participating agencies. It provides details on how member agencies and their employees handle client information and data sharing.

I give permission to CES (HMIS) to collect and enter my personal and household information into the ShelterNet computer system. I understand that the ShelterNet system is shared with Homeless Management Information System and Coordinated Entry System Staff for the purposes of:

- 1) Assessing clients' needs in order to give better assistance and to improve their current or future situations.
- 2) Improving the quality of care and service for people in need.
- 3) Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
- 4) Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- Information I give about my physical or mental health will NOT be shared outside the agency I am working with.
- I have the right to view my ShelterNet file with an authorized user.
- Signing this release form does not guarantee that I will receive assistance.
- I may revoke my authorization by completing a revocation form.
- All agencies that use ShelterNet will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.

Today's Date:

Client Name:

Case Manager Name (Please  
Print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

**FAIRVIEW RECOVERY SERVICES, INC.**

**5 Merrick Street, Binghamton, NY 13904**

**Consent for Release of Information Concerning Alcoholism/Drug Abuse Patient**

Instructions: Prepare one (1) copy for patient's case record. If this form is used for billing purposes, prepare additional copy for Patient Resources Office. If this form is sent to another agency for information, prepare a second copy for patient's case record.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

**DISCLOSURE WITH PATIENT'S CONSENT**

Extent or nature of information to be disclosed: Residence at Fairview Recovery Services, emergency issues

Purpose or need for the disclosure: Contact in case of emergency

Between name of person or organization disclosing information: Fairview Recovery Services, Inc.

And name of the person or organization to which the disclosure is being made: 1 month from discharge date

\_\_\_\_\_ (phone) \_\_\_\_\_ (relation) \_\_\_\_\_

I, the undersigned, have read the above and authorized the staff of the disclosing facility name to disclose such information as herein contained. I understand that this consent may be withdrawn by me at any time except to the extent that action has been taken in reliance upon it. This consent shall expire 6 months from its signing, unless a different time period, event or condition is specified below, in which case such time period, event or condition shall apply. I also understand that any disclosure is bound by Title 42 of the Code of Regulations governing the confidentiality of alcohol and drug abuse patient records and that re-disclosure of this information is forbidden without written authorization on my part.

Time period, event or condition replacing period specified: 6 months from date of discharge

**Note:** Any information released through this form will be accompanied by Form A-4400 Prohibition on Re-disclosure of Information Concerning Alcoholism/Drug Abuse Patient.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Signature of Parent/Guardian when required

\_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**FAIRVIEW RECOVERY SERVICES, INC.**

**5 Merrick Street, Binghamton, NY 13904**

**Consent for Release of Information Concerning Alcoholism/Drug Abuse Patient**

Instructions: Prepare one (1) copy for patient's case record. If this form is used for billing purposes, prepare additional copy for Patient Resources Office. If this form is sent to another agency for information, prepare a second copy for patient's case record.

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Last First MI

**DISCLOSURE WITH PATIENT'S CONSENT**

Extent or nature of information to be disclosed: **Discharge from program and apartment number/location**

Purpose or need for the disclosure: **To facilitate the removal of client's belongings**

Between name of person or organization disclosing information: **Fairview Recovery Services, Inc.**

And name of the person and relation, or organization to which the disclosure is being made: **1 month from discharge date**

\_\_\_\_\_ (relation) \_\_\_\_\_ (phone) \_\_\_\_\_

I, the undersigned, have read the above and authorized the staff of the disclosing facility name to disclose such information as herein contained. I understand that this consent may be withdrawn by me at any time except to the extent that action has been taken in reliance upon it. This consent shall expire 6 months from its signing, unless a different time period, event or condition is specified below, in which case such time period, event or condition shall apply. I also understand that any disclosure is bound by Title 42 of the Code of Regulations governing the confidentiality of alcohol and drug abuse patient records and that re-disclosure of this information is forbidden without written authorization on my part.

Time period, event or condition replacing period specified above: **1 month following date of discharge**

**Note:** Any information released through this form will be accompanied by Form A-4400 Prohibition on Re-disclosure of Information Concerning Alcoholism/Drug Abuse Patient.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Signature of Parent/Guardian when required

\_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Termination of Assistance

## From

### Fairview Recovery Services Inc.

### Shelter Plus Care Program Policy

Program participants' assistance may be terminated if program requirements or conditions of occupancy are violated by providing a formal process that recognizes the due process of law. §578.91 Termination of assistance to program participants states: 23 "(a) Termination of assistance. The recipient or subrecipient may terminate assistance to a program participant who violates program requirements or conditions of occupancy. Termination under this section does not bar the recipient or subrecipient from providing further assistance later to the same individual or family. (b) Due process. In terminating assistance to a program participant, the recipient or subrecipient must provide a formal process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at a minimum, must consist of: (1) Providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance; (2) Written notice to the program participant containing a clear statement of the reasons for termination; (3) A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and (4) Prompt written notice of the final decision to the program participant. (c) Hard-to-house populations. Recipients and subrecipients that are providing permanent supportive housing for hard-to-house populations of homeless persons must exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.

Client Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# EQUAL HOUSING OPPORTUNITY & ANTI-DISCRIMINATION POLICY

**As a tenant(s) of Fairview Recovery Services, Inc. Shelter Plus Care Housing services, you have the right to equal and fair treatment and the use of your building, services, and facilities without regard to race, color, religion, gender, disability, familial status, national origin, or age.**

\*If you believe your civil rights have been violated, a fair housing complaint may be filed online by completing the Housing Discrimination Complaint form (HUD form 903) found at <https://portal.hud.gov/FHEO903/Form903/Form903Start.action> If you have questions regarding Fair Housing in New York State or believe you have been a victim of housing discrimination, contact the Civil Rights Bureau of the New York State Attorney General's Office at 212-416-8250 or [civil.rights@ag.ny.gov](mailto:civil.rights@ag.ny.gov).

\*If you have questions regarding Fair Housing in New York State or believe you have been a victim of housing discrimination, contact the Civil Rights Bureau of the New York State Attorney General's Office at 212-416-8250 or [civil.rights@ag.ny.gov](mailto:civil.rights@ag.ny.gov)

Client Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Shelter Plus Care Rental Assistance Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Referring Agency: \_\_\_\_\_ Referral Person: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Residence if Any: \_\_\_\_\_

Phone Number or Other Means of Contact: \_\_\_\_\_

Alternate Means of Contact: \_\_\_\_\_

Current Living Situation: (Note: Must Meet HUD Definition of Homelessness)

*Please check one:*

Non-housing (street, car, park, etc)	
Emergency shelter	
Transitional housing after having been homeless	

*Note: If the participant came from an institution (such as a mental health/substance abuse treatment facility) but was there less than 30 days and was living on the street or in emergency shelter before entering the treatment facility, he/she should be counted in either the street or shelter category, as appropriate.*

Certification of Homelessness is completed and attached: \_\_\_\_\_

Can the person be considered chronically homeless (homeless continuously for one year or more or have experienced four (4) episodes of homelessness in the last three (3) years)?

Yes \_\_\_\_\_ (documentation is attached)      No \_\_\_\_\_

What is the qualifying disability? \_\_\_\_\_

Is the disability appropriately documented and a letter from a professional, qualified to make a disability determination attached? \_\_\_\_\_

Other Household Members: *Please list all family members who will be living in the household:*

Relationship	Name	Date of Birth	Age	Social Security #

Demographics of Primary Participant Only:

*Please check one option per box.*

Ethnicity:

Hispanic or Latino	
Non-Hispanic or Non-Latino	

Race:

American Indian/Alaskan Native	
Asian	
Black/African American	
Native Hawaiian/Other Pacific Islander	
White	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black/African American	
Other Multi-Racial.	

Special Needs Program Qualification: *(Please check all that apply – must have at least one of these disabilities to be eligible for the program)*

Mental Illness	
Alcohol Abuse	
Drug Abuse	
HIV/AIDS and related Diseases	

Other: *(Please check all that apply)*

Developmental Disability	
Physical Disability	
Domestic Violence	
Other (please specify)	

Total Household Monthly Income from Each of the Following Sources:

Supplemental Security Income (SSI)	
Social Security Disability Income (SSDI)	
Social Security	
General Public Assistance	
Temporary Aid to Needy Families (TANF)	
Child Support	
Veteran's Benefits	
Employment Income	
Unemployment Income	
Medicare	
Medicaid	
Food Stamps	
Other (please specify)	
No Financial Resources	

Bank Accounts:

Type of Account	Bank Name and Address	Amount
Checking		
Savings		

Other Assets: \_\_\_\_\_

Asset Declaration: I certify that the above listed assets are the only assets of which I am either full or partial owner; that my name does not appear on any other bank accounts, checking accounts, savings certificates, stocks, bonds, or any other kind of asset. I further certify that I have not disposed of any property worth more than \$2000 in the last two (2) year period.

I certify that all of the information included in this application is true and correct.

Applicant Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following documentation should be included with this form:

- Signed Release of Information form
- Birth certificate (or verification of birthplace/date from Social Security, proof of application from HSA/DSS for copy of birth certificate, or driver's license)
- Award letter for SSI/SSDI from Social Security Administration, budget from HAS/DSS, or other documentation of income (pay stubs, etc.)
- Documentation of disability (letter from treatment provider, primary care provider, signed by professional qualified to make the diagnosis)
- Certification of Homelessness

**PERMANENT SUPPORTIVE HOUSING PROGRAM  
ANNUAL PARTICIPANT OCCUPANCY AGREEMENT**

NEW YORK STATE  
OFFICE OF ALCOHOLISM & SUBSTANCE ABUSE SERVICES



As a participant in the \_\_\_\_\_ (Provider) Permanent Supportive Housing Program, I  
\_\_\_\_\_ (the Tenant) understand that the full monthly rent for  
\_\_\_\_\_ (apartment address) is \$\_\_\_\_\_ for the period of  
\_\_\_\_\_ to \_\_\_\_\_. My contribution towards the rent will be 30% of my monthly adjusted income, 10% of my  
monthly gross income or 100% of the Public Assistance shelter allowance that I am entitled to receive, whichever is  
higher. I understand that my rent contribution may be subject to change if there are changes in my monthly income;  
family composition, or to the extent of exceptional medical or other unusual expenses, in accordance with established  
criteria.

**I also agree to abide by the following program requirements:**

1. \_\_\_\_\_ I agree to develop an Individualized Service Plan with my Case Manager/Housing Counselor and agree to work on achieving the goals that I have set and to participate in all supportive services indicated in my Plan.
2. \_\_\_\_\_ I agree to pay my portion of the rent in full and on time monthly.
3. \_\_\_\_\_ I agree to report any changes in my or my family's income promptly to the provider and agree to participate in an annual income review.
4. \_\_\_\_\_ I agree to meet with my Case Manager/Housing Counselor at least monthly at a mutually agreeable time.
5. \_\_\_\_\_ I agree to abide by all terms of the lease for the apartment in which I reside.
6. \_\_\_\_\_ I agree not to engage in any illegal activities while participating in the PSH program.
7. \_\_\_\_\_ I understand that if my treatment provider recommends inpatient care, my apartment will be held for a maximum of 90 days, provided that my portion of the rent is paid and if circumstances permit.
8. \_\_\_\_\_ I agree that no long-term guests will be allowed to stay in my apartment without the prior written permission of the provider. [NOTE: Long-term guests are defined as anyone except a tenant staying overnight more than two nights.]
9. \_\_\_\_\_ I understand that a plan must be in place for all family members living with me in case of emergency. This program is not responsible for the placement of children if the head of household goes into treatment; nor is this rental assistance transferrable to any member of the family.
10. \_\_\_\_\_ I agree that any child under 18 residing in this unit under my guardianship is required to be enrolled in and regularly attend school. I understand this program is federally mandated to track the education of minors.
11. \_\_\_\_\_ I understand consents for emergency contacts, treatment programs, parole/probation, ACS, medical, etc. are required by the housing program. I agree to sign all appropriate release forms.
12. \_\_\_\_\_ I agree that, before terminating my occupancy of the apartment, I will give the provider 30 days written notice. I understand that the provider will give me 30 days written notice -- containing a clear statement of reasons for termination -- before they terminate the agreement. The provider's decision to terminate this agreement can be appealed. During the review process, I will have an opportunity to present written or verbal objections before a person other than the person (or subordinate thereof) that made or approved the termination decision. Prompt written notice following the final decision will be provided to me.

13. \_\_\_\_\_ I understand my apartment will receive a complete Housing Quality Standards (HQS) inspection annually and all necessary repairs in the interim should be reported and addressed.
14. \_\_\_\_\_ I understand that the provider must retain a set of keys to my unit to be used in case of emergency. If the provider is unable to access my unit in such cases, I understand I am responsible for the cost of the locksmith.
15. \_\_\_\_\_ I agree to participate in a final apartment walk-thru with my case manager at program termination to review any damages the unit may have incurred under my residency. I will return the apartment keys at this time.
16. \_\_\_\_\_ I have received a copy of this agreement and understand that failure to comply with any of its terms may result in my termination from the PSH program. I have initialed each item to signify my understanding of and consent to each condition.

***This agreement will take effect on the date of the signatures indicated below and expires after one month, although it is automatically renewable on a month-by-month basis, unless prior written notice is provided by either the participant or the provider.***

Agency Staff: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Resident: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

***Family members to reside in unit:***

Name(s):	Age(s):	Income Source towards rent:
_____	_____	type(s): _____
_____	_____	type(s): _____
_____	_____	type(s): _____
_____	_____	type(s): _____
_____	_____	type(s): _____

**CLIENT HOMELESS STATUS: ELIGIBILITY DOCUMENTATION**

**Client Name:** \_\_\_\_\_ **Date of Intake:** \_\_\_\_\_

Check the current status and attach the appropriate documentation to verify homelessness eligibility.

Homeless Status	Type of Documentation	Documentation Attached
Living on the street	A signed and dated general certification from an outreach worker verifying that the services are going to homeless persons, and indicates where the persons served reside.	
Persons living on the street Persons coming from living on the street (and into a place meant for human habitation)	Staff should provide written information obtained from third party regarding the participant's whereabouts, and, then sign and date the statement.	
Persons coming from an emergency Shelter for homeless persons	Written referral from the agency.	
Persons coming from transitional housing for homeless persons	Written verifications to include residency and homeless status prior to program entry.	
Persons being evicted from a private dwelling	Documentation of income, efforts to obtain housing, why participant would be on street, and either documentation of formal eviction proceedings or statement from family evicting participant. (not eligible for acceptance directly into PH from 2005 awards onward.)	
Persons from a short-term stay in an institution who previously resided on the street or in an emergency shelter	Written verification from the institution's staff that the participant has been residing in the institution for less than 90 days, and information on the previous living situation.	
Persons being discharged from a longer stay in an institution	Written verification from the institution of discharge within one week of accepting client into SHP/S+C program AND documentation of income, efforts to obtain housing, and why person would be homeless without assistance.	
Persons fleeing domestic violence	Written, signed and dated verification from the participant.	
Other:	Written verification from client or referring agency.	
<b>CHRONIC HOMELESSNESS</b> Single, disabled Adult + Continuously homeless for 1 yr or more OR.. 4 episodes of homelessness in the past 3 years with total accumulation of homelessness periods equaling 12 months or more. (streets/shelters)	Written verification from outreach workers, shelters AND brief, written statement regarding previous shelter/street stays (dates, locations) AND – documentation of disability	

**NOTES:**

**STAFF MEMBER:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CLIENT:** I verify this information is true & accurate. I confirm that I have been or am about to be homeless.

\_\_\_\_\_  
Signature of Client

**Date:** \_\_\_\_\_

# CLIENT HOMELESS STATUS: ELIGIBILITY DOCUMENTATION

Client Name:

Date of Intake:

Check the current housing status and attach the appropriate documentation to verify homelessness eligibility.

Category	CRITERIA FOR DEFINING HOMELESS	RECORDKEEPING REQUIREMENTS	Documentation Attached
<p><b>Category 1</b></p> <p>Literally Homeless</p> <input type="checkbox"/>	<p>1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <p><input type="checkbox"/> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;</p> <p><input type="checkbox"/> (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or</p> <p><input type="checkbox"/> (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.</p>	<p>Written observation by the outreach worker; or</p> <p>Written referral by another housing or service provider; or</p> <p>Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;</p> <p>For individuals exiting an institution-one of the forms of evidence above and; Discharge paperwork or written/oral referral or</p> <p>Written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited the institution</p>	<input type="checkbox"/>
<p><b>Category 2</b></p> <p>Imminent Risk of Homelessness</p> <input type="checkbox"/>	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <p><input type="checkbox"/> (i) Residence will be lost within 14 days of the date of application for homeless assistance;</p> <p><input type="checkbox"/> (ii) No subsequent residence has been identified; and</p> <p><input type="checkbox"/> (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing</p>	<p>A court order resulting from an eviction action notifying the individual or family that they must leave; or</p> <p>For individual and families leaving a hotel or motel-evidenced that they lack the financial resources to stay; or</p> <p>A documented and verified oral statement; and</p> <p>Certification that no subsequent residence has been identified; and</p> <p>Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.</p>	<input type="checkbox"/>

<p><b>Category 3</b></p> <p>Homeless under other Federal statutes</p> <div style="border: 1px solid black; width: 60px; height: 45px; margin: 10px auto;"></div>	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <p><input type="checkbox"/> (i) Are defined as homeless under the other listed federal statutes;</p> <p><input type="checkbox"/> (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;</p> <p><input type="checkbox"/> (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u></p> <p><input type="checkbox"/> (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers</p>	<p>Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; and</p> <p>Certification of no PH in the last 60 days; and</p> <p>Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; and</p> <p>Documentation of special needs or 2 more barriers</p>	<div style="border: 1px solid black; width: 60px; height: 45px; margin: 10px auto;"></div>
<p><b>Category 4</b></p> <p>Fleeing/ Attempting to Flee DV</p> <div style="border: 1px solid black; width: 60px; height: 45px; margin: 10px auto;"></div>	<p>(4) Any individual or family who:</p> <p><input type="checkbox"/> (i) Is fleeing, or is attempting to flee, domestic violence;</p> <p><input type="checkbox"/> (ii) Has no other residence; <u>and</u></p> <p><input type="checkbox"/> (iii) Lacks the resources or support networks to obtain other permanent housing</p>	<p><b>For victim service providers:</b> An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification of a certification by the intake worker.</p> <p><b>For non-victim service providers</b> Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and</p> <p>Certification by the individual or head of household that no subsequent residence has been identified; and</p> <p>Self-certification, or other written documentation, that the individual or family lacks the financial resources and support to obtain other permanent housing.</p>	<div style="border: 1px solid black; width: 60px; height: 45px; margin: 10px auto;"></div>

Notes:

STAFF MEMBER:

Date:

CLIENT: I verify this information is true & accurate. I confirm that I have been or am about to be homeless.

Date:

Signature of Client



## Shelter Plus Care Program Certification of Homelessness

Participant Name \_\_\_\_\_ Date \_\_\_\_\_

Other Household Members \_\_\_\_\_

I certify that the person(s) listed above qualify as "homeless" under the definition used in the HUD-funded Shelter Plus Care Program because they meet one of the following criteria: *(Please review the attached Homeless Eligibility and Documentation Guide before checking the appropriate response):*

\_\_\_ 1. Living on the street or in a place not meant for human habitation *(please explain):*

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\_\_\_ 2. Living in an emergency shelter *(please give details):*

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\_\_\_ 3. Living in transitional housing after having been homeless *(please attach letter providing details)*

\_\_\_ 4. Living in an institution (such as a substance abuse/mental health treatment facility) less than ninety (90) days after having met criteria #1 or #2 above. *(please attach letter providing details)*

I certify the information above to be true:

Agency \_\_\_\_\_

Agency Representative *(please print name)* \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Shelter Plus Care Homelessness Eligibility and Documentation Guide

If your S+ C program serves...	Then you need to...	This means...
Persons living on the street or places not meant for human habitation	Document their homeless status	You must verify that an individual is coming from the street through a certification from an outreach worker or organization that the person was living on the street. If you are unable to verify in this manner, the participant or a staff member may prepare a short-written statement about the participant's previous living place and have the participant sign the statement and date it.
Persons coming from an emergency shelter	Verify from the emergency shelter staff that the participant has been residing at the emergency shelter.	You need to obtain from the referring agency a written, signed, and dated verification that the individual has been a resident of the emergency shelter.
Persons coming from transitional housing for Homeless persons	Verify with the transitional housing staff that the participant has been residing at the transitional housing and was homeless prior to admission.	You should obtain: 1) a signed statement from the transitional housing staff indicating that the individual is a resident there; and 2) the referring agency's signed and dated verification as to the individual's homeless status when he/she entered their program. 3) documentation from Emergency Shelter prior to admission to transitional housing.
Persons from a short-term stay (up to 89 consecutive days) in an institution who previously resided on the street or in an emergency shelter	Verify from the institution staff that the participant has been residing at the institution and was homeless before entering the institution.	You must obtain: 1) written verification from the institution's staff that the participant has been residing in the institution for less than 90 days; and 2) information on the previous living situation. Preferably, this will be the institution's written, signed, and dated verification on the individual's homeless status when he/she entered the institution.

## Documentation of Homelessness

CLIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Have you stayed in a homeless shelter within the past three years (i.e. YWCA, VOA, YMCA)? If yes, how many times? \_\_\_\_\_

\_\_\_\_\_

Have you stayed or slept overnight in any of the following places within the past three years: (if yes, document how often)

- \_\_\_\_\_ On the riverbank
- \_\_\_\_\_ In an abandoned building
- \_\_\_\_\_ In a car
- \_\_\_\_\_ Outside at a park
- \_\_\_\_\_ Under a bridge
- \_\_\_\_\_ Any other place not meant for human habitation

Do you classify with any of the following:

- \_\_\_\_\_ A physical condition which limits mobility or the ability to work
- \_\_\_\_\_ An emotional diagnosis or emotional trouble that inhibits your ability to work or maintain independent living
- \_\_\_\_\_ A Mental Health Diagnosis
- \_\_\_\_\_ Substance Abuse or Dependence diagnosis
- \_\_\_\_\_ Any psychological condition which impacts your housing, financial position, or physical well-being.

Are you currently homeless or have you ever considered yourself as homeless? If so, how often in the past three years has this occurred?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been continuously homeless for a year or more or have you experienced 4 episodes of homelessness in the past 3 year where the cumulative total time homeless equals 12 months or longer ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR STAFF USE ONLY:

Is client homeless? \_\_\_\_\_ Is client chronically homeless? \_\_\_\_\_

**SHELTER-PLUS-CARE  
PARTICIPANT'S BILL OF RIGHTS**

\_\_\_\_\_ I understand all the requirements of the Occupancy Agreement and will abide by all the rules. I further understand that the residence is solely for my use and no other parties can move in without prior approval of Fairview Recovery Services.

\_\_\_\_\_ I will pay rent on time, respect the premises and my neighbors rights.

\_\_\_\_\_ I will participate in the Residents Advisory Committee, make a commitment to volunteer in the community, continue my program at Fairview Recovery Services, and accept that home visits will be made by agency staff on a regular basis.

\_\_\_\_\_ I will advise my Case Manager if there are any changes in my financial status and are aware that my share of the rent will increase when my income increases.

\_\_\_\_\_ I will assume responsibility for paying all utility bills on time (if not included) and in no way jeopardize my occupancy in Shelter Plus Care.

\_\_\_\_\_ I will give Fairview Recovery Services thirty (30) days notice, in writing, if I plan to withdraw from the program and vacate the housing unit.

\_\_\_\_\_ I understand that if I fail to comply with any items addressed in the Occupancy Agreement, I can be subject to a termination from the program after being advised in writing of the specific areas of violation. At that time, I am aware that I can request a fair hearing before the Executive Director so I may have the opportunity to discuss the alleged violation(s). I will then be notified, in writing, of the decision regarding my occupancy. I can reapply to the program at a later time and be evaluated for possible return to the program.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



## Shelter Plus Care Supportive Services Plan

Date \_\_\_\_\_ Time Period Covered by Plan \_\_\_\_\_

Participant Name \_\_\_\_\_ ID # \_\_\_\_\_

I understand that, in order to participate in the Shelter Plus Care Program, I must participate in supportive services that are equal to or greater in value to the yearly costs of the rental subsidy I receive. I am aware that the overall goals of the Shelter Plus Care Program are: 1) to increase housing stability; 2) to increase skills and/or income; and 3) to gain greater self-sufficiency.

I would like to set the following goals for myself for the next one year period:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

In order to achieve these goals, I will participate in the following supportive services:

<u>Type of Service</u>	<u>Provider</u>	<u>Frequency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that I may change my Supportive Services Plan by completing a new Supportive Services Plan Form with my Case Manager. However, I realize that unless the Service Plan is changed in writing, I know that I must continue to receive the above supportive services and work toward the goals I have set for myself in order to continue to receive Shelter Plus Care subsidy.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Case Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR RELEASE OF INFORMATION  
REGARDING PERSONS WITH SUBSTANCE USE  
DISORDER**

PATIENT'S LAST NAME	FIRST	M.I.
CASE NO.		
FACILITY		UNIT

**INSTRUCTIONS:** **GIVE A COPY OF THE FORM TO THE PATIENT!** Prepare one (1) copy for the Patient's Case Record. If this form is used for billing purposes prepare an additional copy for the Resource and Reimbursement Agent. If this form is sent to another agency with a request for information, prepare an additional copy for the Patient's Case Record.

**[DISCLOSURE] / [RELEASE] WITH PATIENT'S CONSENT**

<p>EXTENT OR NATURE OF INFORMATION TO BE DISCLOSED/RELEASED (CIRCLE)</p> <p>All information necessary to investigate any alleged incident(s) of abuse or neglect, or other significant incidents in which I may be named or am otherwise Relevant.</p>	
<p>PURPOSE OR NEED FOR DISCLOSURE/RELEASE (CIRCLE)</p> <p>1) I consent to the disclosure of confidential information to, and among, the New York State Office of Alcoholism and Substance Abuse Services (OASAS), the Office of Children and Family Services (OCFS) including its Bureau of Special Hearings, and the NYS Justice Center for the Protection of People with Special Needs (JC) including its Vulnerable Persons Central Register (VPCR) for the purpose of investigation or making determinations regarding and alleged incident(s) of abuse or neglect, or other significant incidents, in which I might be named or am otherwise relevant.</p> <p>2) If I am a minor (under 18), I additionally consent to this program, New York State Office of Alcoholism and Substance Abuse Services (OASAS), the Office of Children and Family Services (OCFS) and the Justice Center for the Protection of People with Special Needs (JC) including its Vulnerable Persons Central Register (VPCR) for the purpose of investigation or making determinations regarding and alleged incident(s) of abuse or neglect, or other significant incidents, in which I might be named or am otherwise relevant.</p>	
<p>NAME OR TITLE OF PERSON OR ORGANIZATION DISCLOSING/RELEASING INFORMATION</p> <p>Between:</p>	<p>NAME OR TITLE OF PERSON OR ORGANIZATION TO WHICH THE DISCLOSURE/RELEASE IS TO BE MADE</p> <p>And:</p>

I, the undersigned, have read the above and authorize the staff of the disclosing/releasing facility named to disclose/release such information as herein contained. I understand that this consent may be withdrawn by me in writing at any time except to the extent that action has been taken in reliance upon it. This consent shall expire six (6) months from its signing, unless a different time period, event or condition is specified below, in which case such time period, event or condition shall apply. I also understand that any disclosure/release is bound by Title 42 of the Code of Federal Regulations governing the confidentiality of patient records for persons with substance use disorder, as well as the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") 45 C.F.R. Pts. 160 & 164; and that redisclosure of this information to a party other than the one designated above is forbidden without additional written authorization on my part.

Time period, event or condition replacing period specified above: Completion of an investigation by the Justice Center into an allegation of abuse or neglect or other significant incident, pursuant to Chapter 501 of the Laws of 2012 and determination of a proceeding under NY Social Services Law Article 6, title 6

**NOTE:** Any information released through this form will be accompanied by the form prohibition on Redisclosure of Information Regarding Persons with Substance Use Disorder (TRS-1)

I understand that generally the program may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form. I have received a copy of this form, as recognized by my signature below.

\_\_\_\_\_  
(Signature of Patient)

\_\_\_\_\_  
(Print Name of Patient)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian, when required)

\_\_\_\_\_  
(Print Name of Parent/Guardian)

\_\_\_\_\_  
(Date)

**FAIRVIEW RECOVERY SERVICES, INC.**

**5 Merrick Street, Binghamton, NY 13904**

**Consent for Release of Information Concerning Alcoholism/Drug Abuse Patient**

Instructions: Prepare one (1) copy for patient's case record. If this form is used for billing purposes, prepare additional copy for Patient Resources Office. If this form is sent to another agency for information, prepare a second copy for patient's case record.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

**DISCLOSURE WITH PATIENT'S CONSENT**

Extent or nature of information to be disclosed: Dates of residency, progress, service planning, discharge planning, sharing documentation related to birth certificates and social security cards.

Purpose or need for the disclosure: To facilitate client funding

Between name of person or organization disclosing information:  
Fairview Recovery Services, Inc.

And name of the person or organization to which the disclosure is being made:  
Broome County Department of Social Services

I, the undersigned, have read the above and authorized the staff of the disclosing facility name to disclose such information as herein contained. I understand that this consent may be withdrawn by me at any time except to the extent that action has been taken in reliance upon it. This consent shall expire 6 months from its signing, unless a different time period, event or condition is specified below, in which case such time period, event or condition shall apply. I also understand that any disclosure is bound by Title 42 of the Code of Regulations governing the confidentiality of alcohol and drug abuse patient records and that re-disclosure of this information is forbidden without written authorization on my part.

Time period, event or condition replacing period specified: **6 months from date of discharge**

**Note:** Any information released through this form will be accompanied by Form A-4400 Prohibition on Re-disclosure of Information Concerning Alcoholism/Drug Abuse Patient.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Witness Signature

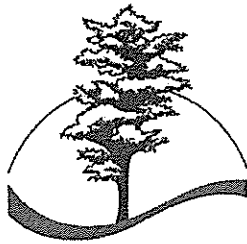
\_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Witness (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





# Fairview Recovery Services

Patrick Haley, LMSW, Executive Director

www.frsinc.org

Administration  
Fairview Residential  
Rehabilitation  
Supportive Living  
Shelter Plus Care

5 Merrick Street  
Binghamton, NY 13904  
607.722.8987  
Fax: 607.352.4777  
[fairview@frsinc.org](mailto:fairview@frsinc.org)

Addiction Stabilization  
Center 247 Court Street  
Binghamton, NY 13901  
Phone: 607.722.4080  
Fax: 607.723.1858

## Shelter Plus Care Child Emergency Plan

In the event of relapse, hospitalization or unforeseen circumstances,

I, \_\_\_\_\_ give Fairview Recovery Services, Inc.

permission to place my child \_\_\_\_\_ age \_\_\_\_\_

in the care of (name) \_\_\_\_\_ (relation to child) \_\_\_\_\_

(address) \_\_\_\_\_

(phone) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

In the event that the above person cannot be reached,

I, \_\_\_\_\_ give Fairview Recovery Services, Inc.

permission to place my child \_\_\_\_\_ age \_\_\_\_\_

in the care of (name) \_\_\_\_\_ (relation to child) \_\_\_\_\_

(address) \_\_\_\_\_

(phone) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_



I, \_\_\_\_\_, Have reviewed and received a copy of  
“PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME”. (EPA747-K-12-001)  
(March 2021).

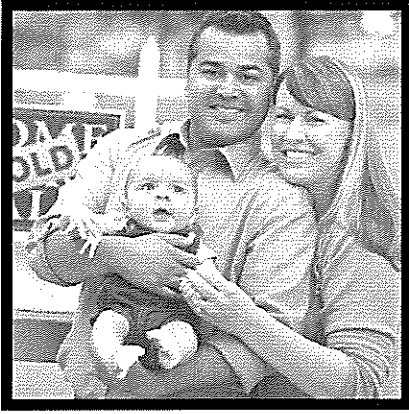
I understand if I have questions or concerns in the future, I can contact my case manager.

Client's Signature \_\_\_\_\_

Case Manager's Signature \_\_\_\_\_

Date Received \_\_\_\_\_

Date Reviewed \_\_\_\_\_



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# Protect Your Family From Lead in Your Home

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## Are You Planning to Buy or Rent a Home Built Before 1978?

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Did you know that many homes built before 1978 have **lead-based paint**? Lead from paint, chips, and dust can pose serious health hazards.

### Read this entire brochure to learn:

- How lead gets into the body
- How lead affects health
- What you can do to protect your family
- Where to go for more information

### Before renting or buying a pre-1978 home or apartment, federal law requires:

- Sellers must disclose known information on lead-based paint or lead-based paint hazards before selling a house.
- Real estate sales contracts must include a specific warning statement about lead-based paint. Buyers have up to 10 days to check for lead.
- Landlords must disclose known information on lead-based paint or lead-based paint hazards before leases take effect. Leases must include a specific warning statement about lead-based paint.

### If undertaking renovations, repairs, or painting (RRP) projects in your pre-1978 home or apartment:

- Read EPA's pamphlet, *The Lead-Safe Certified Guide to Renovate Right*, to learn about the lead-safe work practices that contractors are required to follow when working in your home (see page 12).



## Simple Steps to Protect Your Family from Lead Hazards

### **If you think your home has lead-based paint:**

- Don't try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certified inspector or risk assessor at [epa.gov/lead](http://epa.gov/lead).
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Regularly clean floors, window sills, and other surfaces.
- Take precautions to avoid exposure to lead dust when remodeling.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe certified renovation firms.
- Before buying, renting, or renovating your home, have it checked for lead-based paint.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children eat healthy, low-fat foods high in iron, calcium, and vitamin C.
- Remove shoes or wipe soil off shoes before entering your house.

## **Lead Gets into the Body in Many Ways**

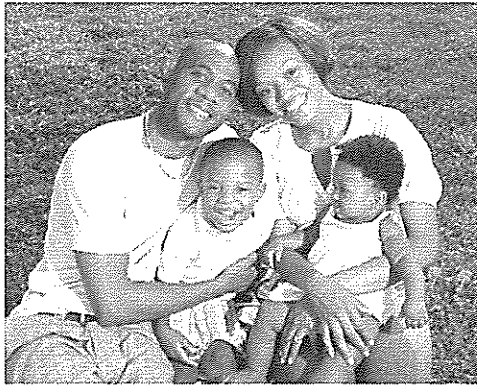
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### **Adults and children can get lead into their bodies if they:**

- Breathe in lead dust (especially during activities such as renovations, repairs, or painting that disturb painted surfaces).
- Swallow lead dust that has settled on food, food preparation surfaces, and other places.
- Eat paint chips or soil that contains lead.

### **Lead is especially dangerous to children under the age of 6.**

- At this age, children's brains and nervous systems are more sensitive to the damaging effects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.



### **Women of childbearing age should know that lead is dangerous to a developing fetus.**

- Women with a high lead level in their system before or during pregnancy risk exposing the fetus to lead through the placenta during fetal development.

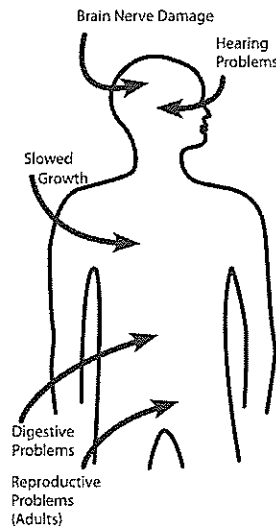
## Health Effects of Lead

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**Lead affects the body in many ways.** It is important to know that even exposure to low levels of lead can severely harm children.

### **In children, exposure to lead can cause:**

- Nervous system and kidney damage
- Learning disabilities, attention-deficit disorder, and decreased intelligence
- Speech, language, and behavior problems
- Poor muscle coordination
- Decreased muscle and bone growth
- Hearing damage



While low-lead exposure is most common, exposure to high amounts of lead can have devastating effects on children, including seizures, unconsciousness, and in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults, too.

### **In adults, exposure to lead can cause:**

- Harm to a developing fetus
- Increased chance of high blood pressure during pregnancy
- Fertility problems (in men and women)
- High blood pressure
- Digestive problems
- Nerve disorders
- Memory and concentration problems
- Muscle and joint pain

## Check Your Family for Lead

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**Get your children and home tested if you think your home has lead.**

Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect lead. Blood lead tests are usually recommended for:

- Children at ages 1 and 2
- Children or other family members who have been exposed to high levels of lead
- Children who should be tested under your state or local health screening plan

**Your doctor can explain what the test results mean and if more testing will be needed.**



## Where Lead-Based Paint Is Found

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In general, the older your home or childcare facility, the more likely it has lead-based paint.<sup>1</sup>

**Many homes, including private, federally-assisted, federally-owned housing, and childcare facilities built before 1978 have lead-based paint.** In 1978, the federal government banned consumer uses of lead-containing paint.<sup>2</sup>

Learn how to determine if paint is lead-based paint on page 7.

### Lead can be found:

- In homes and childcare facilities in the city, country, or suburbs,
- In private and public single-family homes and apartments,
- On surfaces inside and outside of the house, and
- In soil around a home. (Soil can pick up lead from exterior paint or other sources, such as past use of leaded gas in cars.)

Learn more about where lead is found at [epa.gov/lead](http://epa.gov/lead).

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<sup>1</sup> "Lead-based paint" is currently defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter (mg/cm<sup>2</sup>), or more than 0.5% by weight.

<sup>2</sup> "Lead-containing paint" is currently defined by the federal government as lead in new dried paint in excess of 90 parts per million (ppm) by weight.

## Identifying Lead-Based Paint and Lead-Based Paint Hazards

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**Deteriorated lead-based paint (peeling, chipping, chalking, cracking, or damaged paint)** is a hazard and needs immediate attention. **Lead-based paint** may also be a hazard when found on surfaces that children can chew or that get a lot of wear and tear, such as:

- On windows and window sills
- Doors and door frames
- Stairs, railings, banisters, and porches

**Lead-based paint is usually not a hazard if it is in good condition** and if it is not on an impact or friction surface like a window.

**Lead dust** can form when lead-based paint is scraped, sanded, or heated. Lead dust also forms when painted surfaces containing lead bump or rub together. Lead paint chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when the home is vacuumed or swept, or when people walk through it. EPA currently defines the following levels of lead in dust as hazardous:

- 10 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ ) and higher for floors, including carpeted floors
- 100  $\mu\text{g}/\text{ft}^2$  and higher for interior window sills

**Lead in soil** can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. EPA currently defines the following levels of lead in soil as hazardous:

- 400 parts per million (ppm) and higher in play areas of bare soil
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard

**Remember, lead from paint chips—which you can see—and lead dust—which you may not be able to see—both can be hazards.**

The only way to find out if paint, dust, or soil lead hazards exist is to test for them. The next page describes how to do this.

## Checking Your Home for Lead

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You can get your home tested for lead in several different ways:

- A lead-based paint **inspection** tells you if your home has lead-based paint and where it is located. It won't tell you whether your home currently has lead hazards. A trained and certified testing professional, called a lead-based paint inspector, will conduct a paint inspection using methods, such as:

- Portable x-ray fluorescence (XRF) machine
- Lab tests of paint samples



- A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards. A trained and certified testing professional, called a risk assessor, will:

- Sample paint that is deteriorated on doors, windows, floors, stairs, and walls
  - Sample dust near painted surfaces and sample bare soil in the yard
  - Get lab tests of paint, dust, and soil samples
- A combination inspection and risk assessment tells you if your home has any lead-based paint and if your home has any lead hazards, and where both are located.

Be sure to read the report provided to you after your inspection or risk assessment is completed, and ask questions about anything you do not understand.

## Checking Your Home for Lead, continued

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In preparing for renovation, repair, or painting work in a pre-1978 home, Lead-Safe Certified renovators (see page 12) may:

- Take paint chip samples to determine if lead-based paint is present in the area planned for renovation and send them to an EPA-recognized lead lab for analysis. In housing receiving federal assistance, the person collecting these samples must be a certified lead-based paint inspector or risk assessor
- Use EPA-recognized tests kits to determine if lead-based paint is absent (but not in housing receiving federal assistance)
- Presume that lead-based paint is present and use lead-safe work practices

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency for more information, visit [epa.gov/lead](http://epa.gov/lead), or call **1-800-424-LEAD (5323)** for a list of contacts in your area.<sup>3</sup>

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<sup>3</sup> Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

## What You Can Do Now to Protect Your Family

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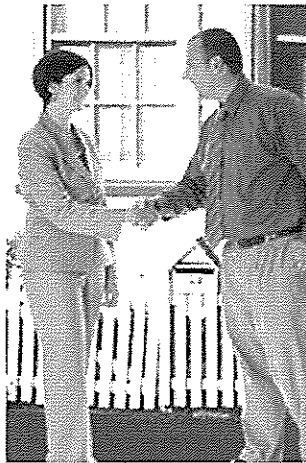
**If you suspect that your house has lead-based paint hazards, you can take some immediate steps to reduce your family's risk:**

- If you rent, notify your landlord of peeling or chipping paint.
- Keep painted surfaces clean and free of dust. Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner. (Remember: never mix ammonia and bleach products together because they can form a dangerous gas.)
- Carefully clean up paint chips immediately without creating dust.
- Thoroughly rinse sponges and mop heads often during cleaning of dirty or dusty areas, and again afterward.
- Wash your hands and your children's hands often, especially before they eat and before nap time and bed time.
- Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- Keep children from chewing window sills or other painted surfaces, or eating soil.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe Certified renovation firms (see page 12).
- Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- Make sure children eat nutritious, low-fat meals high in iron, and calcium, such as spinach and dairy products. Children with good diets absorb less lead.

## Reducing Lead Hazards

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**Disturbing lead-based paint or removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.**



- In addition to day-to-day cleaning and good nutrition, you can **temporarily** reduce lead-based paint hazards by taking actions, such as repairing damaged painted surfaces and planting grass to cover lead-contaminated soil. These actions are not permanent solutions and will need ongoing attention.
- You can minimize exposure to lead when renovating, repairing, or painting by hiring an EPA- or state-certified renovator who is trained in the use of lead-safe work practices. If you are a do-it-yourselfer, learn how to use lead-safe work practices in your home.
- To remove lead hazards permanently, you should hire a certified lead abatement contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent control.

**Always use a certified contractor who is trained to address lead hazards safely.**

- Hire a Lead-Safe Certified firm (see page 12) to perform renovation, repair, or painting (RRP) projects that disturb painted surfaces.
- To correct lead hazards permanently, hire a certified lead abatement contractor. This will ensure your contractor knows how to work safely and has the proper equipment to clean up thoroughly.

Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

## Reducing Lead Hazards, continued

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**If your home has had lead abatement work done** or if the housing is receiving federal assistance, once the work is completed, dust cleanup activities must be conducted until clearance testing indicates that lead dust levels are below the following levels:

- 10 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ ) for floors, including carpeted floors
- 100  $\mu\text{g}/\text{ft}^2$  for interior windows sills
- 400  $\mu\text{g}/\text{ft}^2$  for window troughs

**Abatements are designed to permanently eliminate lead-based paint hazards.** However, lead dust can be reintroduced into an abated area.

- Use a HEPA vacuum on all furniture and other items returned to the area, to reduce the potential for reintroducing lead dust.
- Regularly clean floors, window sills, troughs, and other hard surfaces with a damp cloth or sponge and a general all-purpose cleaner.

Please see page 9 for more information on steps you can take to protect your home after the abatement. For help in locating certified lead abatement professionals in your area, call your state or local agency (see pages 15 and 16), [epa.gov/lead](http://epa.gov/lead), or call 1-800-424-LEAD.

## Renovating, Repairing or Painting a Home with Lead-Based Paint

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If you hire a contractor to conduct renovation, repair, or painting (RRP) projects in your pre-1978 home or childcare facility (such as pre-school and kindergarten), your contractor must:

- Be a Lead-Safe Certified firm approved by EPA or an EPA-authorized state program
- Use qualified trained individuals (Lead-Safe Certified renovators) who follow specific lead-safe work practices to prevent lead contamination
- Provide a copy of EPA's lead hazard information document, *The Lead-Safe Certified Guide to Renovate Right*



RRP contractors working in pre-1978 homes and childcare facilities must follow lead-safe work practices that:

- **Contain the work area.** The area must be contained so that dust and debris do not escape from the work area. Warning signs must be put up, and plastic or other impermeable material and tape must be used.
- **Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited. They are:
  - Open-flame burning or torching
  - Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment
  - Using a heat gun at temperatures greater than 1100°F
- **Clean up thoroughly.** The work area should be cleaned up daily. When all the work is done, the area must be cleaned up using special cleaning methods.
- **Dispose of waste properly.** Collect and seal waste in a heavy duty bag or sheeting. When transported, ensure that waste is contained to prevent release of dust and debris.

To learn more about EPA's requirements for RRP projects, visit [epa.gov/getleadsafe](http://epa.gov/getleadsafe), or read *The Lead-Safe Certified Guide to Renovate Right*.



## Other Sources of Lead

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### Lead in Drinking Water

The most common sources of lead in drinking water are lead pipes, faucets, and fixtures.

Lead pipes are more likely to be found in older cities and homes built before 1986.

You can't smell or taste lead in drinking water.

To find out for certain if you have lead in drinking water, have your water tested.

Remember older homes with a private well can also have plumbing materials that contain lead.

### Important Steps You Can Take to Reduce Lead in Drinking Water

- Use only cold water for drinking, cooking and making baby formula. Remember, boiling water does not remove lead from water.
- Before drinking, flush your home's pipes by running the tap, taking a shower, doing laundry, or doing a load of dishes.
- Regularly clean your faucet's screen (also known as an aerator).
- If you use a filter certified to remove lead, don't forget to read the directions to learn when to change the cartridge. Using a filter after it has expired can make it less effective at removing lead.

Contact your water company to determine if the pipe that connects your home to the water main (called a service line) is made from lead. Your area's water company can also provide information about the lead levels in your system's drinking water.

For more information about lead in drinking water, please contact EPA's Safe Drinking Water Hotline at 1-800-426-4791. If you have other questions about lead poisoning prevention, call 1-800 424-LEAD.\*

Call your local health department or water company to find out about testing your water, or visit [epa.gov/safewater](http://epa.gov/safewater) for EPA's lead in drinking water information. Some states or utilities offer programs to pay for water testing for residents. Contact your state or local water company to learn more.

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\* Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

## Other Sources of Lead, continued

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- **Lead smelters** or other industries that release lead into the air.
- **Your job.** If you work with lead, you could bring it home on your body or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture. Call your local health department for information about hobbies that may use lead.
- Old **toys** and **furniture** may have been painted with lead-containing paint. Older toys and other children's products may have parts that contain lead.<sup>4</sup>
- Food and liquids cooked or stored in **lead crystal** or **lead-glazed pottery or porcelain** may contain lead.
- Folk remedies, such as "**greta**" and "**azarcon**," used to treat an upset stomach.

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<sup>4</sup> In 1978, the federal government banned toys, other children's products, and furniture with lead-containing paint. In 2008, the federal government banned lead in most children's products. The federal government currently bans lead in excess of 100 ppm by weight in most children's products.

## For More Information

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### **The National Lead Information Center**

Learn how to protect children from lead poisoning and get other information about lead hazards on the Web at [epa.gov/safewater](http://epa.gov/safewater) and [hud.gov/lead](http://hud.gov/lead), or call **1-800-424-LEAD (5323)**.

### **EPA's Safe Drinking Water Hotline**

For information about lead in drinking water, call **1-800-426-4791**, or visit [epa.gov/lead](http://epa.gov/lead) for information about lead in drinking water.

### **Consumer Product Safety Commission (CPSC) Hotline**

For information on lead in toys and other consumer products, or to report an unsafe consumer product or a product-related injury, call **1-800-638-2772**, or visit CPSC's website at [cpsc.gov](http://cpsc.gov) or [saferproducts.gov](http://saferproducts.gov).

### **State and Local Health and Environmental Agencies**

Some states, tribes, and cities have their own rules related to lead-based paint. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your state or local contacts on the Web at [epa.gov/safewater](http://epa.gov/safewater), or contact the National Lead Information Center at **1-800-424-LEAD**.

Hearing- or speech-challenged individuals may access any of the phone numbers in this brochure through TTY by calling the toll-free Federal Relay Service at **1-800-877-8339**.

# U. S. Environmental Protection Agency (EPA)

## Regional Offices

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The mission of EPA is to protect human health and the environment. Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

**Region 1** (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)

Regional Lead Contact  
U.S. EPA Region 1  
5 Post Office Square, Suite 100, OES 05-4  
Boston, MA 02109-3912  
(888) 372-7341

**Region 2** (New Jersey, New York, Puerto Rico, Virgin Islands)

Regional Lead Contact  
U.S. EPA Region 2  
2890 Woodbridge Avenue  
Building 205, Mail Stop 225  
Edison, NJ 08837-3679  
(732) 906-6809

**Region 3** (Delaware, Maryland, Pennsylvania, Virginia, DC, West Virginia)

Regional Lead Contact  
U.S. EPA Region 3  
1650 Arch Street  
Philadelphia, PA 19103  
(215) 814-2088

**Region 4** (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

Regional Lead Contact  
U.S. EPA Region 4  
AFC Tower, 12th Floor, Air, Pesticides & Toxics  
61 Forsyth Street, SW  
Atlanta, GA 30303  
(404) 562-8998

**Region 5** (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Regional Lead Contact  
U.S. EPA Region 5 (LL-17J)  
77 West Jackson Boulevard  
Chicago, IL 60604-3666  
(312) 353-3808

**Region 6** (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes)

Regional Lead Contact  
U.S. EPA Region 6  
1445 Ross Avenue, 12th Floor  
Dallas, TX 75202-2733  
(214) 665-2704

**Region 7** (Iowa, Kansas, Missouri, Nebraska)

Regional Lead Contact  
U.S. EPA Region 7  
11201 Renner Blvd.  
Lenexa, KS 66219  
(800) 223-0425

**Region 8** (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

Regional Lead Contact  
U.S. EPA Region 8  
1595 Wynkoop St.  
Denver, CO 80202  
(303) 312-6966

**Region 9** (Arizona, California, Hawaii, Nevada)

Regional Lead Contact  
U.S. EPA Region 9 (CMD-4-2)  
75 Hawthorne Street  
San Francisco, CA 94105  
(415) 947-4280

**Region 10** (Alaska, Idaho, Oregon, Washington)

Regional Lead Contact  
U.S. EPA Region 10 (20-C04)  
Air and Toxics Enforcement Section  
1200 Sixth Avenue, Suite 155  
Seattle, WA 98101  
(206) 553-1200

## **Consumer Product Safety Commission (CPSC)**

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The CPSC protects the public against unreasonable risk of injury from consumer products through education, safety standards activities, and enforcement. Contact CPSC for further information regarding consumer product safety and regulations.

### **CPSC**

4330 East West Highway  
Bethesda, MD 20814-4421  
1-800-638-2772  
cpsc.gov or saferproducts.gov

## **U. S. Department of Housing and Urban Development (HUD)**

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HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. Office of Lead Hazard Control and Healthy Homes for further information regarding the Lead Safe Housing Rule, which protects families in pre-1978 assisted housing, and for the lead hazard control and research grant programs.

### **HUD**

451 Seventh Street, SW, Room 8236  
Washington, DC 20410-3000  
(202) 402-7698  
hud.gov/lead

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U. S. EPA Washington DC 20460  
U. S. CPSC Bethesda MD 20814  
U. S. HUD Washington DC 20410

EPA-747-K-12-001  
March 2021

# **IMPORTANT!**

## **Lead From Paint, Dust, and Soil in and Around Your Home Can Be Dangerous if Not Managed Properly**

- Children under 6 years old are most at risk for lead poisoning in your home.
- Lead exposure can harm young children and babies even before they are born.
- Homes, schools, and child care facilities built before 1978 are likely to contain lead-based paint.
- Even children who seem healthy may have dangerous levels of lead in their bodies.
- Disturbing surfaces with lead-based paint or removing lead-based paint improperly can increase the danger to your family.
- People can get lead into their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- People have many options for reducing lead hazards. Generally, lead-based paint that is in good condition is not a hazard (see page 10).

# Inspection Checklist

Housing Choice Voucher Program

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577-0169  
(Exp. 07/31/2022)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

Name of Family		Tenant ID Number	Date of Request (mm/dd/yyyy)
Inspector		Neighborhood/Census Tract	Date of Inspection (mm/dd/yyyy)
Type of Inspection Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection <input type="checkbox"/>		Date of Last Inspection (mm/dd/yyyy)	PHA

<b>A. General Information</b>		<b>Housing Type (check as appropriate)</b> <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise: 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other
Inspected Unit	Year Constructed (yyyy)	
Full Address (including Street, City, County, State, Zip)		
Number of Children in Family Under 6		
<b>Owner</b>		
Name of Owner or Agent Authorized to Lease Unit Inspected	Phone Number	
Address of Owner or Agent		

<b>B. Summary Decision On Unit (To be completed after form has been filled out)</b>			
<input type="checkbox"/> Pass	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms	
<input type="checkbox"/> Fail			
<input type="checkbox"/> Inconclusive			

Inspection Checklist					Final Approval Date (mm/dd/yyyy)
Item No.	1. Living Room	Yes Pass	No Fail	In-Conc.	
1.1	Living Room Present				
1.2	Electricity				
1.3	Electrical Hazards				
1.4	Security				
1.5	Window Condition				
1.6	Ceiling Condition				
1.7	Wall Condition				
1.8	Floor Condition				

\* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area;  
 3 = Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

Item No.	1. Living Room (Continued)	Yes Pas	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
<b>2. Kitchen</b>						
2.1	Kitchen Area Present					
2.2	Electricity					
2.3	Electrical Hazards					
2.4	Security					
2.5	Window Condition					
2.6	Ceiling Condition					
2.7	Wall Condition					
2.8	Floor Condition					
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					
<b>3. Bathroom</b>						
3.1	Bathroom Present					
3.2	Electricity					
3.3	Electrical Hazards					
3.4	Security					
3.5	Window Condition					
3.6	Ceiling Condition					
3.7	Wall Condition					
3.8	Floor Condition					
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
3.10	Flush Toilet in Enclosed Room in Unit					
3.11	Fixed Wash Basin or Lavatory in Unit					
3.12	Tub or Shower in Unit					
3.13	Ventilation					



Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In- Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One)		(Circle One)	____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One)		(Circle One)	____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One)		(Circle One)	____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				<input type="checkbox"/> Not Applicable	

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code * and Room Location				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint				Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location				(Circle One) Right/Center/Left (Circle One) Front/Center/Rear Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint				Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
<b>5. All Secondary Rooms (Rooms not used for living)</b>						
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					

Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation					
6.2	Condition of Stairs, Rails, and Porches					
6.3	Condition of Roof/Gutters					
6.4	Condition of Exterior Surfaces					
6.5	Condition of Chimney					
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?  If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				Not Applicable	
6.7	Manufactured Home: Tie Downs					
<b>7. Heating and Plumbing</b>						
7.1	Adequacy of Heating Equipment					
7.2	Safety of Heating Equipment					
7.3	Ventilation/Cooling					
7.4	Water Heater					
7.5	Approvable Water Supply					
7.6	Plumbing					
7.7	Sewer Connection					
<b>8. General Health and Safety</b>						
8.1	Access to Unit					
8.2	Fire Exits					
8.3	Evidence of Infestation					
8.4	Garbage and Debris					
8.5	Refuse Disposal					
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevators					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions					
8.11	Lead-Based Paint: Owner's Certification				Not Applicable	

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead -Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

**C. Special Amenities (Optional)**

This Section is for optional use of the HA. It is designed to collect additional information about other positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent. Check/list any positive features found in relation to the unit.

**D. Questions to ask the Tenant (Optional)**

**1. Living Room**

- High quality floors or wall coverings
- Working fireplace or stove Balcony, patio, deck, porch Special windows or doors
- Exceptional size relative to needs of family
- Other: (Specify)

**2. Kitchen**

- Dishwasher
- Separate freezer
- Garbage disposal
- Eating counter/breakfast nook
- Pantry or abundant shelving or cabinets
- Double oven/self cleaning oven, microwave
- Double sink
- High quality cabinets
- Abundant counter-top space
- Modern appliance(s)
- Exceptional size relative to needs of family
- Other: (Specify)

**3. Other Rooms Used for Living**

- High quality floors or wall coverings
- Working fireplace or stove Balcony, patio, deck, porch Special windows or doors
- Exceptional size relative to needs of family
- Other: (Specify)

**4. Bath**

- Special feature shower head
- Built-in heat lamp
- Large mirrors
- Glass door on shower/tub
- Separate dressing room
- Double sink or special lavatory
- Exceptional size relative to needs of family
- Other: (Specify)

**5. Overall Characteristics**

- Storm windows and doors
- Other forms of weatherization (e.g., insulation, weather stripping) Screen doors or windows
- Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn)
- Garage or parking facilities
- Driveway
- Large yard
- Good maintenance of building exterior
- Other: (Specify)

**6. Disabled Accessibility**

Unit is accessible to a particular disability.  Yes  No  
Disability

1. Does the owner make repairs when asked? Yes  No
2. How many people live there?
3. How much money do you pay to the owner/agent for rent? \$ \_\_\_\_\_
4. Do you pay for anything else? (specify) \_\_\_\_\_
5. Who owns the range and refrigerator? (insert O = Owner or T = Tenant) Range \_\_\_\_\_ Refrigerator \_\_\_\_\_ Microwave
6. Is there anything else you want to tell us? (specify) Yes  No

