

## Connecticut Weatherization Assistance Program Health and Safety Screening

Client Name: \_\_\_\_\_ File ID: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Initial Survey: \_\_\_/\_\_\_/\_\_\_

Date of Onsite Survey: \_\_\_/\_\_\_/\_\_\_

The Connecticut Weatherization Assistance Program (CT WAP) assists low-income homeowners and tenants with making their homes more energy efficient, thereby increasing their comfort and saving money on energy bills. In the process, we work to ensure their health and safety to the best of our ability.

To provide safe and effective services, it is necessary to have an understanding of occupant health conditions and potential health concerns within the home. Please check the appropriate boxes below and provide details in the space provided.

- Chronic Allergies (List all related to IAQ):**
- Breathing Problems:**
- Known High Blood Lead Levels:**
- Wheelchair or Accessibility Needs:**
- Mold and/or Moisture Problems Present (Location):**
- Lead and/or Asbestos Present (Location):**
- Known Radon Test Levels:**
- Other Concerns:**

As a client in the CT WAP, I understand that my health and safety, and that of the CT WAP staff and contractors is a critical component of the CT WAP and that any and all weatherization activities, retrofit materials, techniques or practices will be conducted to minimize any health and safety concerns and negative environmental impacts.

**Client/Designated Representative Signature:** \_\_\_\_\_

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

**Intake Specialist Signature:** \_\_\_\_\_

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

**Auditor/Assessor Signature:** \_\_\_\_\_

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

Please contact your local CT WAP agency if you have any questions or concerns about the work being performed in your home.

## **Connecticut Weatherization Assistance Program Health and Safety Screening**

### **Directions For Auditor and Intake Specialist**

***Intake Specialist:*** To be completed at client eligibility intake and confirmed with follow up during home assessment.

***Auditor:*** Additional actions may be necessary to assure the health and safety of clients based on occupant preexisting health conditions, be cautious with the use of spray foam and be sure to note any additional measures that need to be taken to ensure client well being

Last updated 6/30/2016