KHC Weatherization Assistance Program

Health & Safety Client and Home Screening Questionnaire Revised 6/14/16

Date: _____ Applicant Name:_____

Applicant Address:_____

Interviewer:_____

High Risk Household Members

1. Any family members less than 4 years old? Yes____ No____
2. Any family members 60 years old or older? Yes____ No____
3. Is anyone living in the house pregnant? Yes____ No____
4. Any household members with asthma, Respiratory problems or flu-like symptoms? Yes____ No____
5. Any household members with sensitivity or allergies to Fiberglass or cellulose based materials? Yes____ No____

Source of Contaminants/Pollutants

How old is the house?_____

5. Any paint peeling or flaking on floors, walls or ceiling? Yes____ No____
6. Has carpet ever been water soaked? Yes____ No____
7. Is carpet covering a concrete floor? Yes____ No____
8. Are unvented combustion appliances used? Yes____ No____
9. Are portable electric space heaters used? Yes____ No____
10. Do cars park in an attached garage? Yes____ No____
11. Seasonal water pooling in crawl space? Yes____ No____
12. Any plumbing leaks in the crawl space? Yes____ No____
13. Any noticeable leaks or water staining on ceilings or walls? Yes____ No____

14. Any indoor pets?	Yes____	No____
15. Paints, solvents, thinners, pesticides stored in home?	Yes____	No____
16. Any clutter problems or unsanitary conditions?	Yes____	No____
17. Has this house been tested for Radon?	Yes____	No____
18. Are insecticides or rodenticides used in the home?	Yes____	No____
19. Any other problems?	Yes____	No____
20. Any unusual odors in the house?	Yes____	No____
21. Is moisture noticeable on windows?	Yes____	No____
22. Is there any visible mold anywhere in the house?	Yes____	No____
23. Is the home temperature unusually warm or cold?	Yes____	No____
24. Are humidity levels unusually high?	Yes____	No____
25. Is indoor smoking allowed in the home?	Yes	No
26. Has the home been tested for asbestos presence?	Yes	No
27. Has the home been tested for lead paint presence?	Yes	No

Applicant Signature:_____ Date:_____

Comments:_____

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