KHC Weatherization Assistance Program
Health & Safety Client Application and Home Screening Questionnaire

Date: _____ Applicant Name:_____

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 affected by dust, odors, Noise, heat or cold?	Yes____	No____

Source of Contaminants

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. Any unvented combustion appliances?	Yes____	No____
9. Do cars park in an attached garage?	Yes____	No____
10. Seasonal water pooling in crawl space?	Yes____	No____
11. Any plumbing leaks in the crawl space?	Yes____	No____
12. Any noticeable leaks or water staining on ceilings or walls?	Yes____	No____
13. Any indoor pets?	Yes____	No____
14. Paints, solvents, thinners, pesticides stored in home?	Yes____	No____
15. Any clutter problems or unsanitary conditions?	Yes____	No____
16. Has this house been tested for Radon?	Yes____	No____
17. Are insecticides or rodenticides used in the home?	Yes____	No____
18. Any other problems?	Yes____	No____
19. Any unusual odors in the house?	Yes____	No____
20. Is moisture noticeable on windows?	Yes____	No____
21. Is there any visible mold anywhere in the house?	Yes____	No____
22. Is the home temperature unusually warm or cold?	Yes____	No____
23. Are humidity levels unusually high?	Yes____	No____

24. Any known or suspected health concerns for anyone in the home?

_____

_____

Applicant Signature:_____ Date:_____

I have reviewed this form with the weatherization agency Dwelling Needs Evaluator at the time of the evaluation and hereby affirm that these are all of the health and safety concerns I am aware of.

Applicant Signature _____ Date:_____