

LIGHT Referral
(Leading Innovation for a Green and Healthy Tomorrow)

Name:

Phone:

Date:

Address:

Rent/Own:

Household Income:

Other known agencies client is working with:

Office making referral:

Caseworker name:

Caseworker phone:

Caseworker email:

Demographic Questions

Child under 6 in house:	Yes	No
Elevated blood level for child:	Yes	No
Child 2-18 with asthma:	Yes	No
Age:		
Senior citizen living in house:	Yes	No
Disabled resident in house:	Yes	No
Number of people living in house:		<hr/>

Housing Questions

Does the roof leak:	Yes	No
Are there sewerage leaks, damaged sewer lines or back-ups:	Yes	No
Are the walls, floors and ceilings structurally stable:	Yes	No
Is there noticeable mold/mildew in the house:	Yes	No
Is there water damage in the basement:	Yes	No
Are there major electrical hazards in the house:	Yes	No
Does the heating system work:	Yes	No

Priority Services Requested (check off highest priority items)

<input type="checkbox"/> Furnace	<input type="checkbox"/> Roof	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical	<input type="checkbox"/> Other Structural
<input type="checkbox"/> Fall/Injury	<input type="checkbox"/> Lead	<input type="checkbox"/> Asthma	<input type="checkbox"/> Mold	<input type="checkbox"/> Energy conservation

Additional Comments

Fax to LIGHT Program at 410-545-7957 or e-mail to Nicole.Hart@baltimorecity.gov

For office use only

Case Coordinator assigned:

Date assigned:

☐ Short Term Case Management

☐ Long Term Case Management