

# CAP/CAADC Weatherization Program Referral

(PLEASE COMPLETE ALL FIELDS)

DATE: \_\_\_\_\_

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

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PREFERRED CONTACT METHOD

PREFERRED LANGUAGE

PHONE \_\_\_\_\_ TEXT \_\_\_\_\_ EMAIL \_\_\_\_\_

\_\_\_\_\_

HOMEOWNER \_\_\_\_\_ RENTER \_\_\_\_\_

HAVE YOU RECEIVED WEATHERIZATION SERVICES WITHIN THE PAST 15 YEARS? YES \_\_\_\_\_ NO \_\_\_\_\_

PRIMARY HEATING SOURCES: \_\_\_\_\_ HEATING VENDOR: \_\_\_\_\_

UTILITY ACCOUNT NUMBER: \_\_\_\_\_

INCOME SOURCES AND AMOUNT PER MONTH:

SELF: WAGES \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ SSDI \$ \_\_\_\_\_ SS/PENSION \$ \_\_\_\_\_ OTHER (SOURCE/ATM) \_\_\_\_\_

HOW MANY ADULTS AND CHILDREN LIVE IN THE HOUSE?

ADULTS: \_\_\_\_\_ CHILDREN: \_\_\_\_\_

DO YOU RECEIVE THE FOLLOWING: (PLEASE CHECK ALL THAT APPLY)

LIHEAP \_\_\_\_\_ CASH ASSISTANCE (TANF) \_\_\_\_\_ SECTION 8 \_\_\_\_\_ SSI \_\_\_\_\_

*\*Once completed, save this form to your device and email it to [weatherizationintake@caplanc.org](mailto:weatherizationintake@caplanc.org). An intake specialist will contact you directly for additional assessment steps.\**