DISTRICT DEPARTMENT OF THE ENVIRONMENT

GOVERNMENT OF THE DISTRICT OF COLUMBIA

HEALTHY HOUSING PROGRAM – ASTHMA CLIENT REFERRAL FORM

Program Eligibility:

- District of Columbia Resident
- ≤ 18 Years of Age
- Poorly Controlled Asthma
- ≥ 1 Housing-Related Concerns

Referral Date: _____

Referred By:
Name: _____
Agency: _____
Phone: _____
Email: _____

BASIC DEMOGRAPHIC & CONTACT INFORMATION

Child Name: _____

Child Date of Birth: _____ **Child Gender**: M / F

Parent/Guardian Name: _____ **Email**: _____

Home Phone Number: _____ **Alternate Phone Number**: _____

Home Address: Street: _____ Zip Code: _____

Primary Health Care Provider: Name: _____ Phone Number: _____

Address: _____

HOME ENVIRONMENT

Known/Suspected Home-Related Concerns: (*Check All That Apply*)

O Chipping/Peeling Paint
O Water Damage/Moisture/Mold
O Pests: Insects/Rodents
O Excessive Household Dust
O Cigarette Use/ Environmental Tobacco Smoke
O Indoor Climate Control/Ventilation Issues
O Structural Hazards
O Household Pets: Cats/Dogs
O Other: _____
O Other: _____

Other information you believe is important for us to know about this household:

_____

_____

_____

I hereby give permission for the District Department of the Environment to contact me about inclusion in the DC Healthy Homes program.

Parent/Guardian Signature: _____ **Date**: _____

Please fax this form through our secure fax line at (202) 535-2607 or email to Emmanuel.Ofoche@dc.gov