



**NEW YORK STATE
DIVISION OF HOUSING AND COMMUNITY RENEWAL**
WEATHERIZATION ASSISTANCE PROGRAM
Web Site: www.nysdhcr.gov
E-Mail address: dhcrinfo@nysdhcr.gov

Disposition:
WHITE – Referring Agency (RA) copy
YELLOW – Subgrantee copy
PINK – Return to RA when within 30 days
GOLDENROD – Return to RA when work is completed
Reference Number: _____

Interagency Referral

SUBGRANTEE NAME		DATE		
SUBGRANTEE ADDRESS				
REFERRING AGENCY (Name and Address)		AGENCY REPRESENTATIVE CERTIFYING THIS INFORMATION		
(PRINT)				
EMAIL:				
(SIGNATURE)				
<p>The individual named below, or a member of the household:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input type="checkbox"/> Has been informed about the program and understands that the receipt of services will be at no cost to recipient and will not disqualify recipient from any other benefit program. <input type="checkbox"/> Has income at or below HEAP guidelines. <input type="checkbox"/> Has or will receive regular benefit HEAP payment for the most recent heating season. <input type="checkbox"/> Receives public assistance <input type="checkbox"/> Receives SSI <input type="checkbox"/> Receives food stamps <input type="checkbox"/> Has a disability </td> <td style="width:50%; border: none;"> <input type="checkbox"/> Is elderly <input type="checkbox"/> Is eligible for emergency HEAP Benefits <input type="checkbox"/> Requires emergency priority due to: _____ <input type="checkbox"/> HEAP service priority <input type="checkbox"/> Has agreed to accept weatherization assistance <input type="checkbox"/> High utility arrearages <input type="checkbox"/> High fuel bills <input type="checkbox"/> Has been identified by utility for service </td> </tr> </table>			<input type="checkbox"/> Has been informed about the program and understands that the receipt of services will be at no cost to recipient and will not disqualify recipient from any other benefit program. <input type="checkbox"/> Has income at or below HEAP guidelines. <input type="checkbox"/> Has or will receive regular benefit HEAP payment for the most recent heating season. <input type="checkbox"/> Receives public assistance <input type="checkbox"/> Receives SSI <input type="checkbox"/> Receives food stamps <input type="checkbox"/> Has a disability	<input type="checkbox"/> Is elderly <input type="checkbox"/> Is eligible for emergency HEAP Benefits <input type="checkbox"/> Requires emergency priority due to: _____ <input type="checkbox"/> HEAP service priority <input type="checkbox"/> Has agreed to accept weatherization assistance <input type="checkbox"/> High utility arrearages <input type="checkbox"/> High fuel bills <input type="checkbox"/> Has been identified by utility for service
<input type="checkbox"/> Has been informed about the program and understands that the receipt of services will be at no cost to recipient and will not disqualify recipient from any other benefit program. <input type="checkbox"/> Has income at or below HEAP guidelines. <input type="checkbox"/> Has or will receive regular benefit HEAP payment for the most recent heating season. <input type="checkbox"/> Receives public assistance <input type="checkbox"/> Receives SSI <input type="checkbox"/> Receives food stamps <input type="checkbox"/> Has a disability	<input type="checkbox"/> Is elderly <input type="checkbox"/> Is eligible for emergency HEAP Benefits <input type="checkbox"/> Requires emergency priority due to: _____ <input type="checkbox"/> HEAP service priority <input type="checkbox"/> Has agreed to accept weatherization assistance <input type="checkbox"/> High utility arrearages <input type="checkbox"/> High fuel bills <input type="checkbox"/> Has been identified by utility for service			
CLIENT NAME	LANDLORD NAME			
CLIENT ADDRESS	LANDLORD ADDRESS			
CLIENT TELEPHONE NO.:	LANDLORD TELEPHONE NO.			
PHONE NUMBER AND NAME OF SOMEONE WHO CAN REACH CLIENT	DSS CLIENT IDENTIFICATION NUMBER (CIN):	HOUSEHOLD INCOME: HOUSEHOLD SIZE:		
HOUSING TYPE	<input type="checkbox"/> Group living <input type="checkbox"/> Subsidized <input type="checkbox"/> Mobile home	<input type="checkbox"/> Room – private home <input type="checkbox"/> Room – commercial <input type="checkbox"/> Owner <input type="checkbox"/> Single-family <input type="checkbox"/> Multi-family <input type="checkbox"/> Renter		
Interagency Referral Response (Must be returned to Referring Agency named above within 30 working days)		DATE		
<input type="checkbox"/> This individual:		Unit: <input type="checkbox"/> will <input type="checkbox"/> will not require additional service <input type="checkbox"/> Client needs the following services: _____ _____ _____ _____ _____		
<input type="checkbox"/> has moved <input type="checkbox"/> is selling the home <input type="checkbox"/> has died <input type="checkbox"/> no longer wants weatherization <input type="checkbox"/> is not eligible for weatherization <input type="checkbox"/> is not a priority for the service				
<input type="checkbox"/> Attempts to contact this household have been unsuccessful				
<input type="checkbox"/> This individual has been contacted and:				
<input type="checkbox"/> energy audit will be conducted on or about: _____ <input type="checkbox"/> will receive weatherization on or about: _____ <input type="checkbox"/> weatherization was completed on: _____ <input type="checkbox"/> landlord will not allow service <input type="checkbox"/> dwelling was previously weatherized on: _____				
COMMENTS:				