



**Community and Home Injury Prevention Program for Seniors (CHIPPS)  
 Home Safety Assessment Referral Form**

CONFIDENTIAL INFORMATION – All Confidentiality Laws Apply

Client ID	
HA Date	
Staff	

**Applicant Information**

**Referral Date:**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **SF** **Zip Code:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Cell Phone Number:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Language(s):** \_\_\_\_\_ **Ethnicity(ies):** \_\_\_\_\_

**Gender:**  male  female  trans female  trans male  gender queer/ non binary  not listed  decline to state

**Sexual Orientation:**  bisexual  heterosexual/straight  gay lesbian same sex loving  questioning/ not sure  not listed  decline to state

**Primary Health Insurance:** Check cell that apply. **Health Clinic Name:**  
 Medi-Cal Medicare Other \_\_\_\_\_

**Name(s) and relationship of other people living in the home:**

**Home Information**

**Do you rent or own?**  
 Rent  Own

**Do you have any pets?**  
 No  Yes Type? \_\_\_\_\_

**Point of Contact to Schedule Home Visit** **Point of Contact for Installation**

**#1 Name:** \_\_\_\_\_ **#2 Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Referring Person & Agency**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Phone Number :** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Agency if applicable:** \_\_\_\_\_

**Physical/Mental Barriers and Safety Concerns: (mobility, cognitive, etc.)**



## CHIPPS Eligibility Requirements

**Requirements for home safety assessment:**

- Live in San Francisco
- Be 60-years or older or have a permanent disability
- Be a renter or homeowner

**Requirements for minor home modifications:**

- In addition to the requirements for the home safety assessment, most modifications must meet income eligibility (please refer to the following income guidelines):

Check one box	Number of people living in home	100% Area Median Income (AMI) 2023 Income between:
<input type="checkbox"/>	1	\$0- 100,850
<input type="checkbox"/>	2	\$100,851 – \$115,300
<input type="checkbox"/>	3	\$115,301 - \$129,700
<input type="checkbox"/>	4	\$129,701 - \$144,100
<input type="checkbox"/>	5 or more	\$144,101 - \$155,650
<input type="checkbox"/>	Client does not meet income eligibility requirements	

By signing below, I certify all information is true to the best of my knowledge.

\_\_\_\_\_ Signature of Applicant or Representative \_\_\_\_\_ Date Signed

===== *CHIPPS Staff* =====

\*For most minor home modifications, the landlord/owner must approve and sign an authorization form. CHIPPS staff will advise if needed.

Landlord Information	
First and Last Name:	
Mailing Address:	
Email Address:	
Phone Number:	Fax Number:

**Please submit the completed form via  
 Email [CHIPPS@sfdph.org](mailto:CHIPPS@sfdph.org) or Fax [415-554-9636](tel:415-554-9636)**