



City and County of San Francisco Department of Public Health
Population Health Division – Community Health Equity & Promotion Branch
 25 Van Ness Ave, Suite 500 SF Ca 94102
 (628) 206-7695 (415) 554-9636 fax

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

Client ID	
HA Date	
Staff	

CONFIDENTIAL INFORMATION – All Confidentiality Laws Apply

Applicant Information	
First Name:	Last Name:
Address:	SF Zip Code:
Home Phone Number: _____	DOB: _____
Cell Phone Number: _____	Age: _____
Language(s):	Ethnicity(ies):
Gender: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> trans female <input type="checkbox"/> trans male <input type="checkbox"/> gender queer/ non binary <input type="checkbox"/> not listed <input type="checkbox"/> decline to state	
Sexual Orientation: <input type="checkbox"/> bisexual <input type="checkbox"/> heterosexual/straight <input type="checkbox"/> gay lesbian same sex loving <input type="checkbox"/> questioning/ not sure <input type="checkbox"/> not listed <input type="checkbox"/> decline to state	
Primary Care Clinic name or address :	
Name(s) and relationship of other people living in the home:	
Home Information	
Do you rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own	Do you have any pets? <input type="checkbox"/> No <input type="checkbox"/> Yes/Specify _____
Point of Contact to Schedule Home Visit	Point of Contact for Installation
#1 Name:	#2 Name:
Relationship (self,spouse,case manager, etc.)	Relationship (self,spouse,case manager, etc.)
Phone Number:	Phone Number:
Referring Person & Agency:	
First Name:	Last Name:
Job Title:	Phone Number:
Email Address:	Date:
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) 2021
<input type="checkbox"/>	1	\$ 93,250
<input type="checkbox"/>	2	\$ 106,550
<input type="checkbox"/>	3	\$ 119,900
<input type="checkbox"/>	4	\$ 133,200
<input type="checkbox"/>	5 or more	\$ 143,850
<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

*For most minor home modifications, the landlord/owner must approve and sign an authorization form

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

Please submit the completed form via
Email CHIPPS@sfdph.org or Fax 415-554-9636