



City and County of San Francisco
London N. Breed
Mayor

San Francisco Department of Public Health

Grant Colfax, MD
Director of Health

Community & Home Injury Prevention Program for Seniors (CHIPPS) Landlord/Property Owner & Tenant Authorization for minor home safety modifications

CHIPPS is an Injury Prevention Program with the San Francisco Department of Public Health (SFPDH). CHIPPS provides home safety assessments, injury prevention education and minor home safety modifications for San Francisco residents age 60 years of age and older, and those 18-59 with a permanent disability.

There is **NO CHARGE to Tenants or Property Owners** for these injury prevention services. Safety equipment and minor home safety modifications MAY include:

- Shower Mat
- Kitchen Timer
- Night-Light(s)
- Surge Protector
- Grab Bar(s)
- Tub Clamps
- Interior Handrail(s)

More extensive modifications may be authorized by the San Francisco Department of Public Health on a case-by-case basis.

- CHIPPS staff conduct the initial Home Safety Assessment and make recommendations for safety modifications and behavior changes.
- SF Department of Public Health Contracted Vendors will conduct minor home safety modifications.
- SFPDH Contracted Vendors will make final assessment and determination of installation/modifications.

Smoke and Carbon Monoxide Alarms: Please note the installation and maintenance of these safety items are the responsibility of the property owner per SF City Ordinance 163-16: <https://sf-fire.org/services/fire-safety-requirements-building-owners>

Property Owner and Tenant Agreements – In exchange for services in the home, Property Owner (including, as applicable, any Landlord) and Tenant agrees as follows:

- a. Property Owner, Tenant and/or a designated representative of Property Owner or Tenant, or Tenant 18 years or older will be present at the home while the services are being completed. (For interpreter service, please let the CHIPPS staff know ahead of time, we will try our best to accommodate your language request).
- b. Property Owner, Tenant, and any designated representatives will respect all CHIPPS and Contracted Vendor staff with regard to race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age, disability or genetic information.
- c. Property Owner and/or Tenant agrees to remove or confine all pets from the work area at all times during the time staff are present.
- d. Property Owner and Tenant will make every effort within their physical ability to provide access to areas of the home receiving modifications. This includes relocating belongings, furniture and/or other

Community & Home Injury Prevention Program for Seniors (CHIPPS)

25 Van Ness Avenue, Suite 500, San Francisco, CA 94102

Email: CHIPPS@sfdph.org **Phone:** 628-206-7695 **Fax:** 415-554-9636

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barriers to the physical spaces and rooms of the home. If adequate access is not provided, staff have the discretion to terminate performance of all or some the services in the home.

Liability Waiver– Property Owner (including, as applicable, any Landlord) and Tenant, and their successors, agents, and assigns (collectively, Releasers), hold harmless the City and County of San Francisco (City) and Contracted Vendors, and their officers, directors, employees, agents, successors, and assigns against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from SFDPH’s or Contracted Vendor’s performance under the Community & Home Injury Prevention Program for Seniors, except to the extent such hold harmless and release is void or otherwise unenforceable under applicable law. Releasers agree not to make or bring any such claim against the City or Contracted Vendors and forever release and discharge the City and Contracted Vendors from liability under such claims.

**Terms of services are subject to change without prior notice.*

Tenant/Resident Information	
Name:	Date of Home Safety Modification:
Address:	
Phone Number:	
Email Address:	

By signing this form, I authorize the recommended home safety modifications to be made at the above address, and I acknowledge that I have read and understood all of the terms of this program, including the foregoing release of legal claims against the City and Contracted Vendors.

Property Owner Information	
Name:	Phone Number:
Mailing Address:	
Email Address:	
Owner/Landlord Signature:	Date:

By signing this form, I authorize the recommended home safety modifications, and I acknowledge that I have read and understood all of the terms of this program, including the foregoing release of legal claims against the City and Contracted Vendors.

Please return this form by fax, mail, or email within 5 days of receipt for prompt scheduling of services.

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