



**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: <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 Health Insurance: Check cell that apply. Medi-Cal Medicare Other _____	Health Clinic Name:
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 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) 2024 Income Guideline
<input type="checkbox"/>	1	< \$104,900
<input type="checkbox"/>	2	<\$119,900
<input type="checkbox"/>	3	<\$134,850
<input type="checkbox"/>	4	<\$149,850
<input type="checkbox"/>	5 or more	<\$161,850
<input type="checkbox"/>	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 or Fax [415-554-9636](tel:415-554-9636)**