



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) 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****