



**NEW YORK STATE  
DIVISION OF HOUSING AND COMMUNITY RENEWAL**  
WEATHERIZATION ASSISTANCE PROGRAM  
Web Site: [www.nyshcr.org](http://www.nyshcr.org)  
E-Mail address: [weatherization@nyshcr.org](mailto:weatherization@nyshcr.org)

Disposition:  
WHITE – Referring Agency (RA) copy  
YELLOW – Subgrantee copy  
PINK – Return to RA when within 30 days  
GOLDENROD – Return to RA when work is completed  
**Reference Number:** \_\_\_\_\_

**Interagency Referral**

SUBGRANTEE NAME		DATE		
SUBGRANTEE ADDRESS				
REFERRING AGENCY (Name and Address)		AGENCY REPRESENTATIVE CERTIFYING THIS INFORMATION		
(PRINT)				
EMAIL:				
(SIGNATURE)				
<p>The individual named below, or a member of the household:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input type="checkbox"/> Has been informed about the program and understands that the receipt of services will be at no cost to recipient and will not disqualify recipient from any other benefit program.  <input type="checkbox"/> Has income at or below HEAP guidelines.  <input type="checkbox"/> Has or will receive regular benefit HEAP payment for the most recent heating season.  <input type="checkbox"/> Receives public assistance  <input type="checkbox"/> Receives SSI  <input type="checkbox"/> Receives food stamps  <input type="checkbox"/> Has a disability         </td> <td style="width:50%; border: none;"> <input type="checkbox"/> Is elderly  <input type="checkbox"/> Is eligible for emergency HEAP Benefits  <input type="checkbox"/> Requires emergency priority due to: _____    <input type="checkbox"/> HEAP service priority  <input type="checkbox"/> Has agreed to accept weatherization assistance  <input type="checkbox"/> High utility arrearages  <input type="checkbox"/> High fuel bills  <input type="checkbox"/> Has been identified by utility for service         </td> </tr> </table>			<input type="checkbox"/> Has been informed about the program and understands that the receipt of services will be at no cost to recipient and will not disqualify recipient from any other benefit program. <input type="checkbox"/> Has income at or below HEAP guidelines. <input type="checkbox"/> Has or will receive regular benefit HEAP payment for the most recent heating season. <input type="checkbox"/> Receives public assistance <input type="checkbox"/> Receives SSI <input type="checkbox"/> Receives food stamps <input type="checkbox"/> Has a disability	<input type="checkbox"/> Is elderly <input type="checkbox"/> Is eligible for emergency HEAP Benefits <input type="checkbox"/> Requires emergency priority due to: _____  <input type="checkbox"/> HEAP service priority <input type="checkbox"/> Has agreed to accept weatherization assistance <input type="checkbox"/> High utility arrearages <input type="checkbox"/> High fuel bills <input type="checkbox"/> Has been identified by utility for service
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CLIENT NAME	LANDLORD NAME			
CLIENT ADDRESS	LANDLORD ADDRESS			
CLIENT TELEPHONE NO.:	LANDLORD TELEPHONE NO.			
PHONE NUMBER AND NAME OF SOMEONE WHO CAN REACH CLIENT	DSS CLIENT IDENTIFICATION NUMBER (CIN):	HOUSEHOLD INCOME: HOUSEHOLD SIZE:		
HOUSING TYPE	<input type="checkbox"/> Group living <input type="checkbox"/> Subsidized <input type="checkbox"/> Mobile home	<input type="checkbox"/> Room – private home <input type="checkbox"/> Room – commercial <input type="checkbox"/> Owner <input type="checkbox"/> Single-family <input type="checkbox"/> Multi-family <input type="checkbox"/> Renter		
<b>Interagency Referral Response</b> (Must be returned to Referring Agency named above within 30 working days)		DATE		
<input type="checkbox"/> This individual: <ul style="list-style-type: none"> <li><input type="checkbox"/> has moved</li> <li><input type="checkbox"/> is selling the home</li> <li><input type="checkbox"/> has died</li> <li><input type="checkbox"/> no longer wants weatherization</li> <li><input type="checkbox"/> is not eligible for weatherization</li> <li><input type="checkbox"/> is not a priority for the service</li> </ul> <input type="checkbox"/> Attempts to contact this household have been unsuccessful		<input type="checkbox"/> This individual has been contacted and: <ul style="list-style-type: none"> <li><input type="checkbox"/> energy audit will be conducted on or about: _____</li> <li><input type="checkbox"/> will receive weatherization on or about: _____</li> <li><input type="checkbox"/> weatherization was completed on: _____</li> <li><input type="checkbox"/> landlord will not allow service</li> <li><input type="checkbox"/> dwelling was previously weatherized on: _____</li> <li><input type="checkbox"/> is eligible for cooling services</li> <li><input type="checkbox"/> is eligible for disaster relief services</li> <li><input type="checkbox"/> unit has potential health &amp; safety issues (see comments)</li> </ul>		
		Unit: <input type="checkbox"/> will <input type="checkbox"/> will not require additional service <input type="checkbox"/> Client needs the following services: _____ _____ _____ _____		
COMMENTS:				