

NORTHWEST COMMUNITY ACTION PARTNERSHIP
WEATHERIZATION CHECKLIST
(This Form is For Office Use Only
Please Begin on Page 2)

_____ Client Application Form

_____ Home Information Survey

_____ LB403 (US Citizen Attestation Form)

_____ Family Form

_____ Referral Form

_____ Weatherization Permission Form (Landlord Release)

_____ Proof of Income

_____ 3 month pay stubs

_____ Proof of SSI/ADC/LIEAP

_____ Past years' tax return (**only if applying in Jan/Feb/March**)

_____ Lead Safe Signature Sheet

_____ Release of Information (SSI)

_____ Release of Information (DHHS)

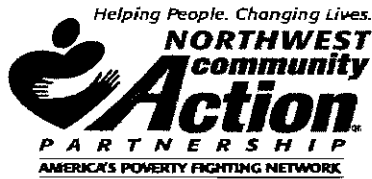
_____ Weatherization Assurance

_____ Historical Check (Section 106)

*****All information must be completed before sending into central office*****

Staff Signature

Date
(Revised 5-4-10)



**NORTHWEST COMMUNITY ACTION PARTNERSHIP
WEATHERIZATION ASSISTANCE PROGRAM
CLIENT APPLICATION FORM**

Please note that the following information is voluntary and will be held in confidence, only to be used by the Weatherization Assistance Program. Withholding or falsifying information could lead to disqualification of this application.

NAME: _____ ADDRESS: _____

TELEPHONE: _____ CITY: _____

IF NO PHONE, MAY BE REACHED AT: _____ COUNTY: _____

_____ ZIP CODE: _____

SOCIAL SECURITY NO: _____

HEAD OF HOUSEHOLD INFORMATION:

AGE: _____ OCCUPATION: _____ DISABILITY: _____

HOUSEHOLD INFORMATION:

NUMBER OF OCCUPANTS: _____ DISABILITIES: _____

OWN: _____ RENT: _____ # OF YEARS IN HOME: _____ IN COUNTY: _____

IS YOUR HOME:

A HOUSE? _____ A MODULAR? _____ A MOBILE? _____ AN APARTMENT/DUPLEX? _____

TYPE OF HEATING FUEL: _____ FUEL SUPPLIER: _____

DO YOU HAVE/ARE YOU ELIGIBLE FOR: SSI _____ ADC _____ LOW INCOME ENERGY ASSISTANCE _____

I HEREBY STATE THE FOLLOWING:

I do, indeed, live at the above address and intend to continue living at that address for a minimum of one year after the weatherization work is complete. I give permission to the NCAP Weatherization program to weatherize my home. My family's **total yearly gross income** (net for farmers) is \$ _____. My home is not in the state of remodel, nor do I plan to remodel prior to the completion of the weatherization work. I agree to allow NCAP and its grantor to determine my eligibility, monitor the progress and completion of the work, and monitor my utility bills after completion. I have no legal obligation to NCAP or its contractors for payment of any part of the work as ordered by the weatherization program. I will not hold NCAP liable or responsible for unintentional damages by NCAP staff or contractors.

CLIENT SIGNATURE

DATE

NORTHWEST COMMUNITY ACTION PARTNERSHIP
WEATHERIZATION PROGRAM

HOME INFORMATION SURVEY

Client Name _____ Client Phone _____

Client Address _____

1. Do you live in a: _____ Mobile Home (Trailer)
 _____ Frame (Wood)
 _____ Brick House
 _____ Other kind of house _____

2. Is your roof leaking? _____ Yes _____ No
If your roof does leak, in how many rooms? _____

3. Are there any holes in your floors? _____ Yes _____ No
Does your home have a good foundation? _____ Yes _____ No

4. How many windows does your home have? _____
Are your windows: _____ wood or _____ aluminum?

5. How many doors (to the outside) does your home have? _____

6. Do your walls have: _____ Sheet Rock or _____ Paneling?

7. Are there large holes or cracks in your ceilings? _____ Yes _____ No

8. What do you use for heat in the winter?
 _____ Space Heater? How many? _____
 _____ Electric Heater? How many? _____
 _____ Wall Furnace
 _____ Gas Furnace
 _____ Wood Stove
 _____ Other _____

9. What kind of siding does your home have? _____

10. What source of fuel does your water heater use? _____

On the back of this page, please draw a map which shows us where your house is located, and a description of your house. This will help us locate your home. Please be as specific as possible. Provide street names, county road numbers, land marks, etc.

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____ and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME _____

(first, middle, last)

SIGNATURE _____

DATE _____



Northwest Community Action Partnership Family Form

Name: (legal name only, please)	First	MI	Last
SSN:	Maiden Name:		List any other name(s) used:

Household Information

Household type (Check one): Number of individuals in household: _____

<input type="checkbox"/> Couple with No Children	<input type="checkbox"/> Grandparent(s) & Child	<input type="checkbox"/> Single Female Parent	<input type="checkbox"/> Two Parent Family
<input type="checkbox"/> Couple (Parent & Friend) with Child(ren)	<input type="checkbox"/> Non-Custodial Caregivers	<input type="checkbox"/> Single Male Parent	
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Other	<input type="checkbox"/> Single Person	

Head of household? Yes No

Relationship to head of household (Check one): **Self (head of household only)**

<input type="checkbox"/> Daughter	<input type="checkbox"/> Grandmother	<input type="checkbox"/> Other non-relative: _____	<input type="checkbox"/> Step-daughter
<input type="checkbox"/> Father	<input type="checkbox"/> Grandson	<input type="checkbox"/> Other relative: _____	<input type="checkbox"/> Step-son
<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Husband	<input type="checkbox"/> Significant Other	<input type="checkbox"/> Wife
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Mother	<input type="checkbox"/> Son	

Are you Homeless? Yes No

If Homeless, Reason for Homelessness:

<input type="checkbox"/> Addiction	<input type="checkbox"/> Eviction	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Stranded in Area
<input type="checkbox"/> Asked or told to Leave	<input type="checkbox"/> Family/Personal Illness	<input type="checkbox"/> Migrant Work Ended	<input type="checkbox"/> Substance abuse
<input type="checkbox"/> Criminal Activity	<input type="checkbox"/> Health/Safety	<input type="checkbox"/> Moved Close to Family/Friends	<input type="checkbox"/> Substandard housing
<input type="checkbox"/> Disaster (fire or natural)	<input type="checkbox"/> Leaving State/VA Hospital	<input type="checkbox"/> Moved to Seek Work	<input type="checkbox"/> Unable to pay rent/mortgage
<input type="checkbox"/> Divorce	<input type="checkbox"/> Loss of Child Care	<input type="checkbox"/> No Affordable Housing	<input type="checkbox"/> Underemployment/low income
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Loss of Job	<input type="checkbox"/> Other	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Dual Diagnosis	<input type="checkbox"/> Loss of Public Transportation	<input type="checkbox"/> Release from Institution	<input type="checkbox"/> Utility shutoff
<input type="checkbox"/> Evicted within past week	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Removed from House/Home	

Type of Living Situation:

<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Jail/Prison/Juvenile Facility	<input type="checkbox"/> Own house/apartment	<input type="checkbox"/> Rental house/apartment
<input type="checkbox"/> Foster care/group home	<input type="checkbox"/> living with Family	<input type="checkbox"/> Permanent housing for formerly homeless	<input type="checkbox"/> Substance Abuse Treatment Center
<input type="checkbox"/> Hospital	<input type="checkbox"/> Living with Friends	<input type="checkbox"/> Place not meant for habitation	<input type="checkbox"/> Transitional housing for homeless
<input type="checkbox"/> Hotel/motel (w/o emergency shelter)	<input type="checkbox"/> Other	<input type="checkbox"/> Psychiatric hospital or facility	<input type="checkbox"/> Subsidized housing

Length of Stay (in type of living situation):

<input type="checkbox"/> 1 week or less	<input type="checkbox"/> More than 1 wk, less than 1 mo	<input type="checkbox"/> 1 - 3 months	<input type="checkbox"/> More than 3 months, less than 1 yr	<input type="checkbox"/> 1 yr or longer
---	---	---------------------------------------	---	---

Zip Code of Last Permanent Address: _____

Primary Reason for Seeking Assistance:

<input type="checkbox"/> Addiction	<input type="checkbox"/> Eviction	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Stranded in Area
<input type="checkbox"/> Asked or told to Leave	<input type="checkbox"/> Family/Personal Illness	<input type="checkbox"/> Migrant Work Ended	<input type="checkbox"/> Substance abuse
<input type="checkbox"/> Criminal Activity	<input type="checkbox"/> Health/Safety	<input type="checkbox"/> Moved Close to Family/Friends	<input type="checkbox"/> Substandard housing
<input type="checkbox"/> Disaster (fire or natural)	<input type="checkbox"/> Leaving State/VA Hospital	<input type="checkbox"/> Moved to Seek Work	<input type="checkbox"/> Unable to pay rent/mortgage
<input type="checkbox"/> Divorce	<input type="checkbox"/> Loss of Child Care	<input type="checkbox"/> No Affordable Housing	<input type="checkbox"/> Underemployment/low income
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Loss of Job	<input type="checkbox"/> Other	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Dual Diagnosis	<input type="checkbox"/> Loss of Public Transportation	<input type="checkbox"/> Release from Institution	<input type="checkbox"/> Utility shutoff
<input type="checkbox"/> Evicted within past week	<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Removed from House/Home	

Client Information

Date of Birth: (mm/dd/yyyy): _____ Gender: Female Male

Primary race:

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Other Multi-Racial	<input type="checkbox"/> Other	<input type="checkbox"/> White	

Secondary race (optional):

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Other Multi-Racial	<input type="checkbox"/> Other	<input type="checkbox"/> White	

Ethnicity: Hispanic/Latino Other (Non-Hispanic/Latino)

Primary Language Spoken: Chinese English German Japanese Lakota Spanish Other specify: _____

Marital Status: Single (Never Married) Married Separated Divorced Widowed

U.S. Military Veteran? Yes No Receiving Veteran Services? Yes No

Continue to next page

Northwest Community Action Partnership Family Form

Living Situation

If Homeless, Extent of Homelessness: First Time 1 to 2 times in the past year 4 times in the past year 1 year or more 2 years or more

Actual or Pending Eviction? Yes No If yes, Date of Eviction: ____/____/____

Institutional Living Prior to 18 Years? Yes No

Discharged from a Facility within last 3 months? Yes No

If Yes, Discharge Facility: Regional Ctr Prison Jail Youth Correctional Facility Aged out of Foster Care Hospital Other

Domestic Violence Victim? Yes No

Extent of Domestic Violence: Within past 3 months 3 - 6 months ago 6 -12 months ago More than 1 yr ago Don't Know Refused

Means of Transportation:

Bicycle Bus Car Friends/Family Other Taxi Walk (None)

Education Information

Highest Level Education Attained:
 School grade completed: _____ Degree/Certificate completed: _____

Health Information

Health Condition Compared to People of Your Age: Excellent Very Good Good Fair Poor Don't Know

If 18 or younger, are you a parent? Yes No

Pregnant? Yes No If yes Pregnant, projected birth date: ____/____/____

Do you have a disability? Yes No Do you have a disability of long duration? Yes No

Disability Type (select all that apply):

Alcohol Abuse Drug Abuse Hearing Impaired Physical/Medical Vision Impaired

Developmental Dual Diagnosis Mental Illness Physical/Mobility Limits

Other (specify): _____

Medical Insurance:

Champus Kid's Connection Medicare No Coverage (self pay) VA Insurance

Every Woman Matters Medicaid/Adult Native American Health Private

Income Information

Last 30 day Income/Source of Income

\$ _____ AABD	\$ _____ Food Stamps	\$ _____ Self-employed	\$ _____ Unemployment
\$ _____ AFDC	\$ _____ Medicaid	\$ _____ SSA	\$ _____ Workers Comp
\$ _____ Alimony	\$ _____ Medicare	\$ _____ SSI	\$ _____ VA Benefits
\$ _____ Child Support	\$ _____ Other	\$ _____ SSDI	
\$ _____ Contributions from others	\$ _____ Pension	\$ _____ Stipend	<input type="checkbox"/> No Financial Resources
\$ _____ Earned Income	\$ _____ Retirement	\$ _____ TANF/ADC	

Where Employed: _____ Start Date: _____

Total Monthly Income: \$ _____ % Level of Income _____ Monthly Housing Cost \$ _____ Monthly Utility Cost \$ _____

Receiving Food Stamps (EBT)? Yes No

Are you eligible for Court Ordered Child Support? Yes No

If yes, receiving Court Ordered Child Support? Yes No

Unemployed? Yes No

If Employed, select status of employment:

Active/Armed Forces Full-time Part-time Seasonal Student Volunteer

Disabled Medical Leave Retired Self-employed Temporary

If Unemployed, describe employment status:

Disabled Layoff/RIF Not Seeking Employment Retired Underage

In School Migrant/Seasonal Worker Other Seeking Employment

Northwest Community Action Partnership Family Form

Referral Source

- | | | | | |
|--|---|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Community Based Agency | <input type="checkbox"/> Family | <input type="checkbox"/> Law Enforcement/Police | <input type="checkbox"/> Other | <input type="checkbox"/> State Agency |
| <input type="checkbox"/> Dept. of Health & Human Services (DHHS) | <input type="checkbox"/> Friend | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Parents | <input type="checkbox"/> TV |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Inpatient program/Hospital | <input type="checkbox"/> Minister/Church | <input type="checkbox"/> Radio | <input type="checkbox"/> Walk-in/Self |
| <input type="checkbox"/> Faith Based Agency | <input type="checkbox"/> Juvenile Court/Probation | <input type="checkbox"/> Newspaper | <input type="checkbox"/> School/ESU | |

Client's Residence Information

Street Address _____ Apt # _____ City _____ State _____ Zip Code _____
 County of Current Residence: _____ County of Legal Residence: _____

Home Phone	Cell Phone	Work Phone

Mailing Address if different than above: _____
 PO Box _____ City _____ State _____ Zip Code _____

I hereby certify that to the best of my knowledge the information contained herein is true, correct and complete and that all the attachments provided by me, verifying my income are valid. I understand that this information is utilized to determine eligibility for services for which I am applying. All information contained on the document is used only for this agency's purpose in accordance with the Privacy Act of 1974. The Social Security Number is required to identify and retrieve service records. This agency does not discriminate on the basis of sex, age, religion, race or national origin. I understand my signature authorizes the following:

1. To determine eligibility for services
2. Release of information to services for which I am eligible.
3. Allow information to be entered into the Nebraska Management Information System (NMIS) a statewide database to be shared with other social service agencies in the state.

Applicant Signature _____ Date _____ Agency Staff Signature _____ Date _____
 Parent/guardian signature if under 18 _____

Client Authorization to Release Basic NMIS Information

This agency participates in the Nebraska Management Information System (NMIS) network. Some of the information we get from you is entered into the NMIS database. We collect personal information directly from you. The NMIS network keeps information about clients who receive help from health or human service agencies. Your answers will allow our agency to focus on meeting your service needs. We are also required to collect some client information by law or by organizations that give us money to operate this program. The collection and use of all personal information is guided by strict standards of confidentiality. You do not have to participate in the NMIS network in order to receive services.

The **Basic Identifying Information (Client Table)** will be entered into the NMIS database and shared in order to prevent duplication of data entry across agencies. The only information other agencies can see without your permission is: *First Name, Middle Initial, Last Name, Age, Gender and Social Security number*. Listing your name lets other agencies know that you have been helped by an agency in the system. It does not identify which agency or what services you received.

The NMIS network is made up of many agencies across our community. We only collect information that we consider to be appropriate. You have the choice to share your information with other agencies where you might be seeking help. Sharing your information may save you time answering the same questions at other agencies in the future.

I HEREBY AUTHORIZE NCAP to DISCLOSE certain information about me as follows. The information BELOW will be shared only as I have instructed on this form.

Client's Name: _____ Date of Birth: _____ Social Security No.: _____
 Address: _____ Phone: _____

Yes, this agency has my permission to share the information listed below with the following NMIS participating agencies:

Panhandle Community Service

No, do not share the information listed below with other agencies that participate in the NMIS

NMIS Basic Information		Additional Information	
<ul style="list-style-type: none"> • Date & Time of Intake into NMIS • First, Middle & Name • Social Security Number • Date of Birth • Gender • Ethnicity • Primary Race • Primary Language Spoken 	<ul style="list-style-type: none"> • Permission to Release Information • Highest Level of Education Attained • Homeless (yes or no) • Household Relationships • Type of Living Situation • Medical Insurance Status • U.S. Military/Veteran (yes or no) • Zip Code of last Permanent Residence 	<ul style="list-style-type: none"> • Age, secondary race, second language spoken and language skills • Residential information (address, city, state, zip code and phone numbers) • Disability, health condition or allergies • Education information • Employment information • Emergency contacts • Experience of domestic violence 	<ul style="list-style-type: none"> • Health care provider relationships/contacts • Household, children and dependent information • Income/benefits amounts and sources • If homeless, reasons for homelessness • Public benefits eligibility and participation • Reasons for seeking assistance • Services provided

I understand that all information gathered about me is personal and private and that I do not have to participate in the NMIS in order to receive services. I understand this authorization is completely voluntary and that this agency cannot condition decisions about my treatment, payment enrollment or eligibility for benefits or services on whether or not I sign this authorization. I understand that my information will not be shared by this agency with any department from the State of Nebraska or the Federal Government.

A copy of this authorization shall be as valid as the original. I understand that the information disclosed is subject to re-disclosure by the recipient and may no longer be protected by the federal privacy regulations, 45 CFR § 164 Subpart E. I also understand that in the future I may tell this agency that I no longer want to participate in the NMIS by giving my written revocation to this agency and information entered under my name from that date forward will no longer be shared. My revocation is not effective as to disclosures already made and actions already taken in reliance upon this Authorization.

This release will remain in force for 3 year(s) from today and will expire on 09/30/2012 (mm/dd/yyyy).

Client's Signature (or Representative) _____ Client's Printed Name (or Representative) _____ Representative's Relationship (if applicable) _____ Date _____

Based on the above information, I authorize the same for my **dependent(s)** to be shared with same agencies identified above. This page may be duplicated and attached to allow additional family members to be listed.

Name(s) of Dependent(s) that the Legal Guardian Authorizes to Participate in the NMIS:

Name	(SS#)	DOB
Name	(SS#)	DOB
Name	(SS#)	DOB

Name	(SS#)	DOB
Name	(SS#)	DOB
Name	(SS#)	DOB

Legal Guardian's Authorizing Signature _____ Printed Guardian Name _____ Date (mm/dd/yyyy) _____

✓ Description for informed decision: Verbal explanation _____ Interpreter _____ Written _____



NORTHWEST COMMUNITY ACTION PARTNERSHIP
WEATHERIZATION PROGRAM
REFERRAL FORM

Client's Name: _____ Date: _____

Social Security #: _____ - _____ - _____

Client's Phone #: _____

Address: _____

County of Residence: _____

Referred by: _____

Phone #: _____

Agency: _____

Comments: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

The client hereby authorizes the agency making this referral, and the agency to which this referral is accorded, to release to the other such information as necessary to insure maximum coordination and proper delivery of information and follow-up with regard to this referral. All information exchanged in such a manner will be held in confidence and will not be disseminated further without a written release from the client.

Client's Signature

Date



NORTHWEST COMMUNITY ACTION PARTNERSHIP
WEATHERIZATION PROGRAM

WEATHERIZATION OWNER/LANDLORD PERMISSION FORM

I, _____, certify that I am the owner/authorized agent for the property
Owner/landlord
located at _____, _____, currently occupied by
Address Town

Tenant

I furthermore do hereby give permission for the property to be weatherized according to the Department of Energy (DOE) standards and regulations. As part of this service all units will receive a furnace inspection, at no cost to the owner/landlord or tenant. Repairs or replacement of unsafe heating plants shall be the responsibility of the owner. The weatherization of the unit will not commence until such time as the furnace has been made safe and operable. Weatherization work on rental units may be a shared responsibility of the owner and Northwest Community Action Partnership (NCAP).

I give my permission for the inspection of the home and the work performed by NCAP Weatherization Program. I further agree that there will be no increase in rent payments incurred on this tenant due to the weatherization work performed by this agency. In addition, I will not evict or remove the tenant from the dwelling for a period of one (1) year, so long as he/she complies with all ongoing obligations and responsibilities owed the landlord.

Weatherization materials may include, but are not limited to, the following items: insulation, caulking, glazing, weather stripping, door sweeps, thresholds, primary doors and primary windows, pipe wrap, water heater blankets, venting, minor repairs, and glass replacement. The decisions concerning material type and quantity shall be the responsibility of the agency providing the service.

Owner/Authorized Agent

Date

Tenant

Date

Agency Representative

Date

Lead Safe Pre-Renovation Form

Effective until April 2010.

Confirmation of Receipt of Lead Pamphlet

- I have received a copy of the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools* informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

Printed name of recipient

Date

Signature of recipient

Self-Certification Option (for tenant-occupied dwellings only) —

If the lead pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

- Refusal to sign** — I certify that I have made a good faith effort to deliver the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools*, to the rental dwelling unit listed below at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.
- Unavailable for signature** — I certify that I have made a good faith effort to deliver the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care providers and Schools*, to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door.

Printed name of person certifying

Attempted delivery
date and time
lead pamphlet delivery

Signature of person certifying lead pamphlet delivery

Unit Address

Note Regarding Mailing Option — As an alternative to delivery in person, you may mail the lead pamphlet to the owner and/or tenant. Pamphlet must be mailed at least 7 days before renovation (Document with a certificate of mailing from the post office).



NORTHWEST COMMUNITY ACTION PARTNERSHIP
WEATHERIZATION ASSISTANCE PROGRAM

AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

SS#: _____

Date of birth: ____ / ____ / ____

I hereby authorize the Social Security Administration Department to release my assigned program information, monthly benefit amount, and proof of disability, to Northwest Community Action Partnership, for the purpose of determining my eligibility for services from their Weatherization Program.

TYPE OF BENEFIT: (Please check all that apply)

_____ SSI

_____ SSA

_____ SSDI

TOTAL MONTHLY BENEFIT AMOUNT _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

PLEASE RETURN

VIA FAX TO:

Northwest Community Action Partnership

Fax 1-308-432-5799

Attention: WEATHERIZATION DEPT.

AUTHORIZATION FOR RELEASE OF INFORMATION
 Applicant or Client SHOULD NOT SIGN UNTIL all Blanks Have Been Filled in
Nebraska Health and Human Services System

Office/Unit

Last Name		First Name	Middle Initial(s)
Street or Mailing Address		City	
State	Zip Code	Case Number/Social Security Number	

I authorize the release of information regarding my _____ situation to representatives of the Nebraska Health and Human Services System Department of Services. Such privileged information shall be released by: (One source only. Use additional form for each additional source). _____

Only during the one (1) year following the below given date.

Signature of Applicant or Client SIGN HERE ►	Date
Signature of Spouse, if not separated from applicant or client SIGN HERE ►	Date
Signature of Witness SIGN HERE ►	Date

 printed on recycled paper

ABD-46 Rev. 4/97 (65001)
 (Previous version 7/83 should be used if/)

WEATHERIZATION ASSURANCE

I am requesting participation in the Weatherization Assistance Program.

I hear by grant:

Northwest Community Action Partnership, hereafter referred to as NCAP, State and Federal Personnel permission to inspect my home.

NCAP, permission to Weatherize in accordance with Program Regulations.

NCAP, permission to obtain information from my fuel supplier on past, present and future fuel consumption.

My primary fuel source is _____

My fuel supplier is _____ located in _____

I understand that all Weatherization work completed by NCAP will be at no cost to me and that no lien or debt will be incurred.

I understand that all information will be kept confidential and not be made public in a manner that will identify the dwelling or the occupants.

I intend to reside in the property to be weatherized for at least one year.

I _____ (will or will not) allow program personnel to apply caulk to the interior of my home. I understand that some types of caulking may emit nontoxic odors for up to 2 weeks after application.

Any persons within the household with respiratory problems, pregnancy, or any other medical condition where cellulose insulation dust or caulking fumes can aggravate symptoms, may want to contact a physician prior to any weatherization work.

-
- * I agree to be home during the work process.
 - * If No, I agree to allow entry during my absence.
 - * I agree to remove all valuable items from exterior walls and crew work areas to prevent breakage. NCAP will not be held responsible for damage to nicknacks, souvenirs, etc.
 - * I agree to maintain responsibility for the safety of minor children during the construction process.
 - * I agree to keep all pets restrained and away from the work area and crew.

I understand that even properly installed materials can sometimes cause problems, such as:

- * Doors and windows increase and decrease in size because of humidity and temperature changes.
- * Moisture can develop on primary and storm windows.
- * Attic vents can allow moisture entry during severe wind storms.

I understand that the upkeep of materials installed is the responsibility of the homeowner.

Reviewed with client by _____

Client Signature _____ Date _____

SECTION 106 DOCUMENTATION

Northwest Community Action Partnership under weatherization guidelines is required to follow Section 106 of the National Historic Preservation Act. This section is implemented under Regulations of 36 CFR part 800. The section requires that any homes that may have historical significance or may be eligible for such a designation be identified and cleared before any weatherization processes take place.

We are asking for your assistance in identifying if your home or dwelling may fall under the above mentioned Preservation Act. Please list below any event, person associated with home and or any circumstance that may designate this property as containing "Historic Significance".

Please sign and date below if to your knowledge the dwelling that is to be weatherized would not fall under the Historic Preservation Act Section 106.

Name _____ Date ____/____/____

Renovate Right

Important Lead Hazard
Information for Families,
Child Care Providers
and Schools



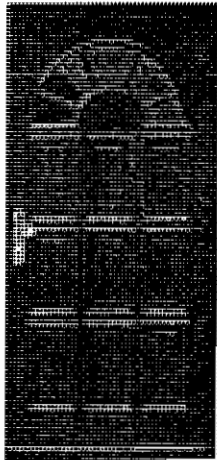
It's the Law!

Federal law requires that individuals receive certain information before renovating six square feet or more of painted surfaces in a room for interior projects or more than twenty square feet of painted surfaces for exterior projects in housing, child care facilities and schools built before 1978.

- Homeowners and tenants: renovators must give you this pamphlet before starting work.
- Child care facilities, including preschools and kindergarten classrooms, and the families of children under the age of six that attend those facilities: renovators must provide a copy of this pamphlet to child-care facilities and general renovation information to families whose children attend those facilities.

Also, beginning April 2010, federal law will require contractors that disturb lead-based paint in homes, child care facilities and schools, built before 1978 to be certified and follow specific work practices to prevent lead contamination. Therefore beginning in April 2010, ask to see your contractor's certification.

Renovating, Repairing, or Painting?



- Is your home, your building, or the child care facility or school your children attend, being renovated, repaired, or painted?
- Was your home, your building, or the child care facility or school your children under age 6 attend, built before 1978?

If the answer to these questions is YES, there are a few important things you need to know about lead-based paint.

This pamphlet provides basic facts about lead and information about lead safety when work is being done in your home, your building or the childcare facility or school your children attend.

The Facts About Lead

- Lead can affect children's brains and developing nervous systems, causing reduced IQ, learning disabilities, and behavioral problems. Lead is also harmful to adults.
- Lead in dust is the most common way people are exposed to lead. People can also get lead in their bodies from lead in soil or paint chips. Lead dust is often invisible.
- Lead-based paint was used in more than 38 million homes until it was banned for residential use in 1978.
- Projects that disturb lead-based paint can create dust and endanger you and your family. Don't let this happen to you. Follow the practices described in this pamphlet to protect you and your family.



Who Should Read This Pamphlet?

This pamphlet is for you if you:

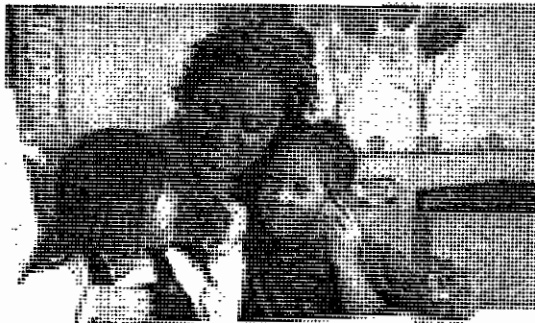
- Reside in a home built before 1978,
- Own or operate a child care facility, including preschools and kindergarten classrooms, built before 1978, or
- Have a child under six who attends a child care facility built before 1978.

You will learn:

- Basic facts about lead and your health,
- How to choose a contractor, if you are a property owner,
- What tenants, and parents/guardians of a child in a child care facility or school should consider,
- How to prepare for the renovation or repair job,
- What to look for during the job and after the job is done,
- Where to get more information about lead.

This pamphlet is not for:

- **Abatement projects.** Abatement is a set of activities aimed specifically at eliminating lead or lead hazards. EPA has regulations for certification and training of abatement professionals. If your goal is to eliminate lead or lead hazards, contact the National Lead Information Center at 1-800-424-LEAD (5323) for more information.
- **"Do-it-yourself" projects.** If you plan to do renovation work yourself, this document is a good start, but you will need more information to complete the work safely. Call the National Lead Information Center at 1-800-424-LEAD (5323) and ask for more information on how to work safely in a home with lead-based paint.
- **Contractor education.** Contractors who want information about working safely with lead should contact the National Lead Information Center at 1-800-424-LEAD (5323) for information about courses and resources on lead-safe work practices.



Lead and Your Health

Lead is especially dangerous to children under six years of age.

Lead can affect children's brains and developing nervous systems, causing:

- Reduced IQ and learning disabilities.
- Behavior problems.

Even children who appear healthy can have dangerous levels of lead in their bodies.

Lead is also harmful to adults. In adults, low levels of lead can pose many dangers, including:

- High blood pressure and hypertension.
- Pregnant women exposed to lead can transfer lead to their fetus.

Lead gets into the body when it is swallowed or inhaled.

- People, especially children, can swallow lead dust as they eat, play, and do other normal hand-to-mouth activities.
- People may also breathe in lead dust or fumes if they disturb lead-based paint. People who sand, scrape, burn, brush or blast or otherwise disturb lead-based paint risk unsafe exposure to lead.

What should I do if I am concerned about my family's exposure to lead?

- Call your local health department for advice on reducing and eliminating exposures to lead inside and outside your home, child care facility or school.
- Always use lead-safe work practices when renovation or repair will disturb lead-based paint.
- A blood test is the only way to find out if you or a family member already has lead poisoning. Call your doctor or local health department to arrange for a blood test.

For more information about the health effects of exposure to lead, visit the EPA lead website at www.epa.gov/lead/pubs/leadinfo.htm or call 1-800-424-LEAD (5323).



There are other things you can do to protect your family everyday.

- Regularly clean floors, window sills, and other surfaces.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children eat a healthy, nutritious diet consistent with the USDA's dietary guidelines, that helps protect children from the effects of lead.
- Wipe off shoes before entering house.



Where Does the Lead Come From?

Dust is the main problem. The most common way to get lead in the body is from dust. Lead dust comes from deteriorating lead-based paint and lead-contaminated soil that gets tracked into your home. This dust may accumulate to unsafe levels. Then, normal hand-to-mouth activities, like playing and eating (especially in young children), move that dust from surfaces like floors and windowsills into the body.

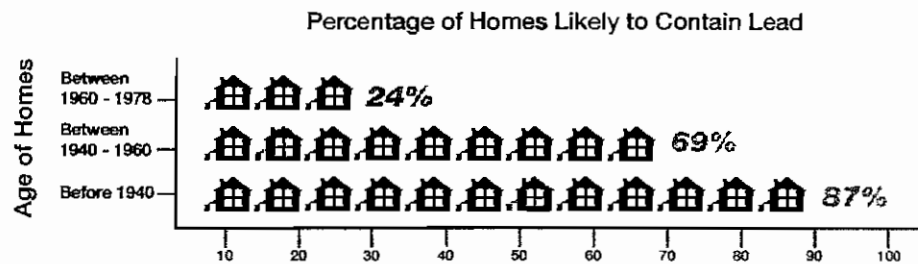
Home renovation creates dust. Common renovation activities like sanding, cutting, and demolition can create hazardous lead dust and chips.

Proper work practices protect you from the dust. The key to protecting yourself and your family during a renovation, repair or painting job is to use lead-safe work practices such as containing dust inside the work area, using dust-minimizing work methods, and conducting a careful cleanup, as described in this pamphlet.

Other sources of lead. Remember, lead can also come from outside soil, your water, or household items (such as lead-glazed pottery and lead crystal). Contact the National Lead Information Center at 1-800-424-LEAD (5323) for more information on these sources.



Checking Your Home for Lead-Based Paint



Older homes, child care facilities, and schools are more likely to contain lead-based paint. Homes may be single-family homes or apartments. They may be private, government-assisted, or public housing. Schools are preschools and kindergarten classrooms. They may be urban, suburban, or rural.

You have the following options:

You may decide to assume your home, child care facility, or school contains lead. Especially in older homes and buildings, you may simply want to assume lead-based paint is present and follow the lead-safe work practices described in this brochure during the renovation, repair, or painting job.

You or your contractor may also test for lead using a lead test kit. Test kits must be EPA-approved and are available at hardware stores. They include detailed instructions for their use.

You can hire a certified professional to check for lead-based paint. These professionals are certified risk assessors or inspectors, and can determine if your home has lead or lead hazards.

- A certified inspector or risk assessor can conduct an inspection telling you whether your home, or a portion of your home, has lead-based paint and where it is located. This will tell you the areas in your home where lead-safe work practices are needed.
- A certified risk assessor can conduct a risk assessment telling you if your home currently has any lead hazards from lead in paint, dust, or soil. The risk assessor can also tell you what actions to take to address any hazards.
- For help finding a certified risk assessor or inspector, call the National Lead Information Center at 1-800-424-LEAD (5323).



For Property Owners

You have the ultimate responsibility for the safety of your family, tenants, or children in your care. This means properly preparing for the renovation and keeping persons out of the work area (see p. 8). It also means ensuring the contractor uses lead-safe work practices.

Beginning April 2010, federal law will require that contractors performing renovation, repair and painting projects that disturb lead-based paint in homes, child care facilities, and schools built before 1978 to be certified and follow specific work practices to prevent lead contamination.

Until contractors are required to be certified, make sure your contractor can explain clearly the details of the job and how the contractor will minimize lead hazards during the work.

- Ask if the contractor is trained to perform lead-safe work practices and to see a copy of their training certificate.
- Ask them what lead-safe methods they will use to set up and perform the job in your home, child care facility or school.
- Ask if the contractor is aware of the lead renovation rules. For example, contractors are required to provide you with a copy of this pamphlet before beginning work. A sample pre-renovation disclosure form is provided at the back of this pamphlet. Contractors may use this form to make documentation of compliance easier.
- Ask for references from at least three recent jobs involving homes built before 1978, and speak to each personally.

Always make sure the contract is clear about how the work will be set up, performed, and cleaned.

- Share the results of any previous lead tests with the contractor.
- Even before contractors are required to be certified you should specify in the contract that they follow the work practices described on pages 9 and 10 of this brochure.
- The contract should specify which parts of your home are part of the work area and specify which lead-safe work practices should be used in those areas. Remember, your contractor should confine dust and debris to the work area and should minimize spreading that dust to other areas of the home.
- The contract should also specify that the contractor clean the work area, verify that it was cleaned adequately, and re-clean it if necessary.

Once these practices are required, if you think a worker is failing to do what they are supposed to do or is doing something that is unsafe, you should:

- Direct the contractor to comply with the contract requirements,
- Call your local health or building department, or
- Call EPA's hotline 1-800-424-LEAD (5323).



For Tenants, and Families of Children Under Age Six in Child Care Facilities and Schools

You play an important role ensuring the ultimate safety of your family.

This means properly preparing for the renovation and staying out of the work area (see p. 8).

Beginning April 2010, federal law will require that contractors performing renovation, repair and painting projects that disturb lead-based paint in homes, child care facilities and schools built before 1978 that a child under age six visits regularly to be certified and follow specific work practices to prevent lead contamination.

The law will require anyone hired to renovate, repair, or do painting preparation work on a property built before 1978 to follow the steps described on pages 9 and 10 unless the area where the work will be done contains no lead-based paint.



Once these practices are required, if you think a worker is failing to do what they are supposed to do or is doing something that is unsafe, you should:

- Contact your landlord.
- Call your local health or building department, or
- Call EPA's hotline 1-800-424-LEAD (5323).

If you are concerned about lead hazards left behind after the job is over, you can check the work yourself (see page 10).



If your property receives housing assistance from HUD (or a state or local agency that uses HUD funds), you must follow the more stringent requirements of HUD's Lead-safe Housing Rule and the ones described in this pamphlet.



Preparing for a Renovation

The work areas should not be accessible to occupants while the work occurs. The rooms or areas where work is being done may be blocked off or sealed with plastic sheeting to contain any dust that is generated. The contained area will not be available to you until the work in that room or area is complete, cleaned thoroughly, and the containment has been removed. You will not have access to some areas and should plan accordingly.

You may need:

- Alternative bedroom, bathroom, and kitchen arrangements if work is occurring in those areas of your home.
- A safe place for pets because they, too, can be poisoned by lead and can track lead dust into other areas of the home.
- A separate pathway for the contractor from the work area to the outside, in order to bring materials in and out of the home. Ideally, it should not be through the same entrance that your family uses.
- A place to store your furniture. All furniture and belongings may have to be moved from the work area while the work is done. Items that can't be moved, such as cabinets, should be wrapped in heavy duty plastic.
- To turn off forced-air heating and air conditioning systems while work is done. This prevents dust from spreading through vents from the work area to the rest of your home. Consider how this may affect your living arrangements.

You may even want to move out of your home temporarily while all or parts of the work are being done.

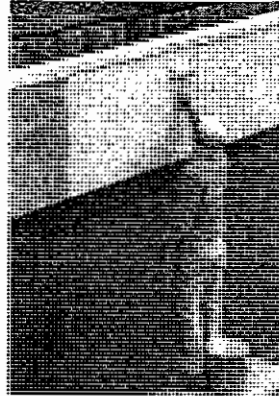
Child care facilities and schools may want to consider alternative accommodations for children and access to necessary facilities.



During the Work

Beginning April 2010, federal law will require contractors that are hired to perform renovation, repair and painting projects in homes, child care facilities, and schools built before 1978 that disturb lead-based paint to be certified and follow specific work practices to prevent lead contamination.

Even before contractors are required to be certified and follow specific work practices, the contractor should follow these three simple procedures, described below:



1. **Contain the work area.** The area should be contained so that dust and debris do not escape from that area. Warning signs should be put up and heavy-duty plastic and tape should be used as appropriate to:

- Cover the floors and any furniture that cannot be moved.
- Seal off doors and heating and cooling system vents.

These will help prevent dust or debris from getting outside the work area.

2. **Minimize dust.** There is no way to eliminate dust, but some methods make less dust than others. For example, using water to mist areas before sanding or scraping; scoring paint before separating components; and prying and pulling apart components instead of breaking them are techniques that generate less dust than alternatives. Some methods generate large amounts of lead-contaminated dust and should not be used. They are:

- Open flame burning or torching.
- Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment.
- Using a heat gun at temperatures greater than 1100°F.

3. **Clean up thoroughly.** The work area should be cleaned up daily to keep it as clean as possible. When all the work is done, the area should be cleaned up using special cleaning methods before taking down any plastic that isolates the work area from the rest of the home. The special cleaning methods should include:

- Using a HEPA vacuum to clean up dust and debris on all surfaces, followed by
- Wet mopping with plenty of rinse water.

When the final cleaning is done, look around. There should be no dust, paint chips, or debris in the work area. If you see any dust, paint chips, or debris, the area should be re-cleaned.



For Property Owners: After the Work is Done

When all the work is finished, you will want to know if your home, child care facility, or school has been cleaned up properly. Here are some ways to check.

Even before contractors are required to be certified and follow specific work practices, you should:

Ask about your contractor's final cleanup check. Remember, lead dust is often invisible to the naked eye. It may still be present even if you cannot see it. The contractor should use disposable cleaning cloths to wipe the floor of the work area and compare them to a cleaning verification card to determine if the work area was adequately cleaned.

To order a cleaning verification card and detailed instructions visit the EPA lead website at www.epa.gov/lead or contact the National Lead Information Center at 1-800-424-LEAD (5323) or visit their website at www.epa.gov/lead/nlic.htm.

You also may choose to have a lead-dust test. Lead-dust tests are wipe samples sent to a laboratory for analysis.

- You can specify in your contract that a lead-dust test will be done. In this case, make it clear who will do the testing.
- Testing should be done by a lead professional.

If you choose to do the testing, some EPA-recognized lead laboratories will send you a kit that allows you to collect samples and send them back to the lab for analysis.

Contact the National Lead Information Center at 1-800-424-LEAD (5323) for lists of qualified professionals and EPA-recognized lead labs.

If your home, child care facility, or school fails the dust test, the area should be re-cleaned and tested again.

Where the project is done by contract, it is a good idea to specify in the contract that the contractor is responsible for re-cleaning if the home, child care facility, or school fails the test.



For Additional Information

You may need additional information on how to protect yourself and your children while a job is going on in your home, your building, or childcare facility.

■ The National Lead Information Center at 1-800-424-LEAD (5323) or www.epa.gov/lead/nlic.htm can tell you how to contact your state, local, and/or tribal programs or get general information about lead poisoning prevention.

- State and tribal lead poisoning prevention or environmental protection programs can provide information about lead regulations and potential sources of financial aid for reducing lead hazards. If your State or local government has requirements more stringent than those described in this pamphlet, you must follow those requirements.
- Local building code officials can tell you the regulations that apply to the renovation work that you are planning.
- State, county, and local health departments can provide information about local programs, including assistance for lead-poisoned children and advice on ways to get your home checked for lead.

■ The National Lead Information Center can also provide a variety of resource materials, including the following guides to lead-safe work practices. Many of these materials are also available at www.epa.gov/lead/pubs/brochure.htm.

- Lead Paint Safety, a Field Guide for Painting, Home Maintenance, and Renovation Work
- Protect Your Family from Lead in Your Home
- Lead in Your Home: A Parent's Reference Guide



For the hearing impaired, call the Federal Information Relay Service at 1-800-877-8339 to access any of the phone numbers in this brochure.



EPA Contacts

EPA Regional Offices

EPA addresses residential lead hazards through several different regulations. EPA requires training and certification for conducting abatement, education about hazards associated with renovations, disclosure about known lead paint and lead hazards in housing, and sets lead-paint hazard standards.

Your Regional EPA Office can provide further information regarding lead safety and lead protection programs at www.epa.gov/lead.

Region 1

(Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)
Regional Lead Contact
U.S. EPA Region 1
Suite 1100
Ona Congress Street
Boston, MA 02114-2023
(888) 372-7341

Region 2

(New Jersey, New York, Puerto Rico, Virgin Islands)
Regional Lead Contact
U.S. EPA Region 2
2890 Woodbridge Avenue
Building 205, Mail Stop 225
Edison, NJ 08837-3679
(732) 321-6771

Region 3

(Delaware, Maryland, Pennsylvania, Virginia, Washington, DC, West Virginia)
Regional Lead Contact
U.S. EPA Region 3
1650 Arch Street
Philadelphia, PA
19103-2029
(215) 814-5000

Region 4

(Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)
Regional Lead Contact
U.S. EPA Region 4
61 Forsyth Street, SW
Atlanta, GA 30303-8960
(404) 562-9900

Region 5

(Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)
Regional Lead Contact
U.S. EPA Region 5
77 West Jackson Boulevard
Chicago, IL 60604-3507
(312) 886-6003

Region 6

(Arkansas, Louisiana, New Mexico, Oklahoma, Texas)
Regional Lead Contact
U.S. EPA Region 6
1445 Ross Avenue,
12th Floor
Dallas, TX 75202-2733
(214) 665-6444

Region 7

(Iowa, Kansas, Missouri, Nebraska)
Regional Lead Contact
U.S. EPA Region 7
901 N. 5th Street
Kansas City, KS 66101
(913) 551-7003

Region 8

(Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)
Regional Lead Contact
U.S. EPA Region 8
1595 Wynkoop Street
Denver, CO 80202
(303) 312-6312

Region 9

(Arizona, California, Hawaii, Nevada)
Regional Lead Contact
U.S. Region 9
75 Hawthorne Street
San Francisco, CA 94105
(415) 947-8021

Region 10

(Alaska, Idaho, Oregon, Washington)
Regional Lead Contact
U.S. EPA Region 10
1200 Sixth Avenue
Seattle, WA 98101-1128
(206) 553-1200

Other Federal Agencies

CPSC

The Consumer Product Safety Commission (CPSC) protects the public from the unreasonable risk of injury or death from 15,000 types of consumer products under the agency's jurisdiction. CPSC warns the public and private sectors to reduce exposure to lead and increase consumer awareness. Contact CPSC for further information regarding regulations and consumer product safety.

CPSC

4330 East West Highway
Bethesda, MD 20814
Hotline 1-(800) 638-2772
www.cpsc.gov

CDC Childhood Lead Poisoning Prevention Branch

The Centers for Disease Control and Prevention (CDC) assists state and local childhood lead poisoning prevention programs to provide a scientific basis for policy decisions, and to ensure that health issues are addressed in decisions about housing and the environment. Contact CDC Childhood Lead Poisoning Prevention Program for additional materials and links on the topic of lead.

CDC Childhood Lead Poisoning Prevention Branch

4770 Buford Highway, MS F-40
Atlanta, GA 30341
(770) 488-3300
www.cdc.gov/nceh/lead

HUD Office of Healthy Homes and Lead Hazard Control

The Department of Housing and Urban Development (HUD) provides funds to state and local governments to develop cost-effective ways to reduce lead-based paint hazards in America's privately-owned low-income housing. In addition, the office enforces the rule on disclosure of known lead paint and lead hazards in housing, and HUD's lead safety regulations in HUD-assisted housing, provides public outreach and technical assistance, and conducts technical studies to help protect children and their families from health and safety hazards in the home. Contact the HUD Office of Healthy Homes and Lead Hazard Control for information on lead regulations, outreach efforts, and lead hazard control research and outreach grant programs.

U.S. Department of Housing and Urban Development

Office of Healthy Homes and Lead Hazard Control
451 Seventh Street, SW, Room 8236
Washington, DC 20410-3000
HUD's Lead Regulations Hotline
(202) 402-7698
www.hud.gov/offices/lead/





1-800-434-LEAD (5323)
www.epa.gov/lead

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