



City and County of San Francisco Department of Public Health
Population Health Division – Community Health Equity & Promotion Branch
 25 Van Ness Ave, Suite 500 SF Ca 94102
 (628) 206-7695 (415) 554-9636 fax

Community and Home Injury Prevention Program for Seniors (CHIPPS)
Home Safety Assessment Referral Form

Applicant Information		
First Name:	Last Name:	
Address:	SF	Zip Code:
Phone numbers: <input type="checkbox"/> home <input type="checkbox"/> cell	DOB: 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		
Name 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/Specify	
Point of Contact to Schedule Home Visit		
#1 Name:	#2 Name:	
Relationship (self,spouse,case manager, etc.)	Relationship (self,spouse,case manager, etc.)	
Phone Number:	Phone Number:	
Primary Care Clinic name and address :		
Referring Person / Referring Agency		
First Name:	Last Name:	
Job Title:	Phone Number:	
Email Address:	Date:	
Physical/Mental Barriers and Safety Concerns: (mobility, cognitive, etc.)		

CONFIDENTIAL INFORMATION – All Confidentiality Laws Apply



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). If you do not meet income eligibility then we can provide referrals.

Check one box	Number of people living in home	Maximum combined income allowed 400 % of poverty level
<input type="checkbox"/>	1	\$ 49,960
<input type="checkbox"/>	2	\$ 67,640
<input type="checkbox"/>	3	\$ 85,320
<input type="checkbox"/>	4	\$ 103,000
<input type="checkbox"/>	5 or more	\$ 120,680
<input type="checkbox"/> If you do not meet income eligibility requirement then we can provide referrals.		

By signing below, I certify all information is true to the best of my knowledge.

Signature of Applicant or Representative

Date Signed

**For most minor home modifications, the landlord/owner must approve and sign an authorization form. We will send the form and information about the modification for approval. Please landlord contact info provide below.*

Landlord Information	
First and Last Name:	
Mailing Address:	
Email Address:	
Phone Number:	Fax Number:

**Please submit the completed form
to: CHIPPS@sfdph.org**