



**HOUSING SERVICES REQUEST SHORT FORM**

HSR#:	PRIOR HSR#(s):	Apr:	WO#(s):	<input type="checkbox"/> HW <input type="checkbox"/> TR <input type="checkbox"/> BC <input type="checkbox"/> IM <input type="checkbox"/> NP <input type="checkbox"/> BR <input type="checkbox"/> TP <input type="checkbox"/> FP <input type="checkbox"/> OR
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**PART A - HOUSEHOLD INFORMATION**

**1. HEAD OF HOUSEHOLD**

<b>a. Date</b>	<b>b. Last Name</b>	<b>c. First Name</b>	<b>d. Mid Init</b>	<b>e. Enrollment #</b>
<b>k. Caller Name / Relationship</b> (if different than above)			<b>l. Caller Number</b>	

**1. REQUEST TYPE**

<b>a. Electrical</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Request summary:	
<b>b. Plumbing</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Request summary:	
<b>c. Air Conditioning</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Request summary:	



**d. Safety**

Yes  No

Request summary:

**PART C - PRELIMINARY ASSESSMENT**

**1. PRELIMINARY ASSESSMENT DATE**

<b>a. Date of Visit</b>	<b>b. Time of Visit</b>	<b>d. Notes Regarding Scheduled Visit</b>

**2. WORK PERFORMED UNDER PRIOR HOUSING SERVICES REQUEST**

**a. Has prior work been done to the home?**

Yes  No  Unknown

If yes, please list known or presumed work history:

HSR # and Month	Work summary



**3. PRELIMINARY ASSESSMENT SUMMARY**

a. Preliminary Assessment (summary of visible condition of the home):

<b>Overall Home Sanitary Condition</b>	<b>Overall Home Repair Condition</b>
<input type="checkbox"/> N/A <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor	<input type="checkbox"/> N/A <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor

**4. RECOMMENDED CLASSIFICATION**

	Primary	Secondary
<b>a. Repair</b> – Simple, non-technical work needed to home, no planning or building permitting required. Request summary:	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Rehabilitation</b> – Home, or certain sections of it, is in disrepair, or is unsafe and requires work, technical review, permitting and planning required. Request summary:	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Renovation</b> – The home is not in disrepair, but changes to the home structure and/or addition is requested, technical review, permitting and planning required. Request summary:	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Replacement</b> – The home is in a state of substantial disrepair, and technical review, planning and permitting are required. Request summary:	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. New Construction</b> – There is no existing home and a new home is being requested and so requires technical review, planning and permitting. Request summary:	<input type="checkbox"/>	<input type="checkbox"/>

**5. HOUSING STAFF CUSTOMER SERVICE COMMITMENT TO TRIBAL MEMBER**

- I have explained the housing services system to the Tribal Member and answered his / her questions at this time.
- I have explained to the Tribal Member that I am responsible for see that the Tribal Member receives excellent customer service.
- I have made myself available to the Tribal Member for any future questions and have committed to keeping the Tribal Member updated on a regular basis regarding his / her project.
- I have provided to the Tribal Member my business card with my office phone number and cell phone number on

Housing Services Specialist - Print & Sign Name

Date