



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

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

1. REQUEST TYPE

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



d. Safety

Yes No

Request summary:

PART C - PRELIMINARY ASSESSMENT

1. PRELIMINARY ASSESSMENT DATE

a. Date of Visit	b. Time of Visit	d. Notes Regarding Scheduled Visit

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):

Overall Home Sanitary Condition	Overall Home Repair Condition
<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
a. Repair – Simple, non-technical work needed to home, no planning or building permitting required. Request summary:	<input type="checkbox"/>	<input type="checkbox"/>
b. Rehabilitation – 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"/>
c. Renovation – 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"/>
d. Replacement – 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"/>
e. New Construction – 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