

Client Questionnaire—Please Return

Agency: Combined Community Action, Inc.

Client ID#:

Inspector:

Customer:

Home/Unit Address:

Telephone

#: _____

Name of person completing
Form:

Where do you store cleaning products or other chemicals?

Does any part of your home have moisture problems?

Does anyone in the household have unexplained headaches, itchy eyes, sinus problems, or dizziness?

Do you have any unusual, unexplained odors or smells?

Do you have any problems with pests or rodents? Any beehives, etc.?

Does your home have any structural problems, roof leaks, or large exposure to the outdoors?

Do you or any members of the home have any health problems or medical conditions?

Is there anything in your home that is of particular concern to you health-wise?

Signature of Person Completing household

Information: _____

Date: _____

Please complete and return information to Combined Community Action, Inc. by due date indicated on cover letter or at time of application.