

ENVIRONMENTAL SERVICES CHECKLIST

FOR AGENCY USE ONLY

Client ID No.

Case ID No.

	Task Details	Notes	Date Completed
<input type="checkbox"/>	Environmental Assessment Date Scheduled: _____ Participation Agreement signed? <input type="checkbox"/> Yes <input type="checkbox"/> No Report complete? <input type="checkbox"/> Yes <input type="checkbox"/> No Home intervention recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/>	Scope of Work Est. Proposed Work Total Cost (Low): _____ Est. Proposed Work Total Cost (High): _____ Scope of Work approved/signed? <input type="checkbox"/> DHS <input type="checkbox"/> Client <input type="checkbox"/> Property Owner	Property Owner Name and Contact Information: Other Notes:	
<input type="checkbox"/>	Home Intervention (HI) Contract agreement signed? <input type="checkbox"/> Client <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor(s) Start Date: _____	HI Items: Other Notes:	
<input type="checkbox"/>	Documentation Homeowner's insurance confirmed? <input type="checkbox"/> Yes <input type="checkbox"/> No Evidence of contractor license/insurance submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/>	Client referred to Lead-Safe Homes Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/>	Client referred to other resources/programs? <input type="checkbox"/> Yes <input type="checkbox"/> No		