Lead Safety Collaborative

Client Referral Form

Formulario De Remisión De Un Cliente

Address: **City:** **Zip:**
Dirección: _____ **Ciudad:** San Diego **Código:** _____

Occupied by: Owner: ☐ Renter: ☐
Ocupado por: Propietario: Inquilino:

Adults: # Children under 6: # Other Children:
Adultos: _____# Menores de 6: _____ # Otros Niños: _____

Total Annual Income Estimate: $_____
(Combine income from all persons living in the household)

Calcule el Total del Ingreso Anual: $_____
(Combine los ingresos de todas las personas que viven en el hogar)

I (Full Name)_____ give my consent to be contacted by the San Diego Healthy Homes Collaborative to receive further information about the program and enrollment.

Yo (Nombre Completo) _____ estoy de acuerdo de que el Programa de San Diego Healthy Homes Collaborative me contacte para recibir mas información acerca el programa y la inscripción.

Signature: Date:
Firma: _____ Fecha:_____

Phone
Teléfono: _____

This form may be delivered by:

By e-mail to: Lead-Safe@sandiego.gov
Or by FAX to: (858) 492-5041
Or by mail to:
Environmental Services Dept / LSHHP
9601 Ridgehaven Ct., Suite 310
San Diego CA 92123

Referring Person _____ Contact Tel: _____

Referring Agency: _____