

**Opportunity Council's Weatherization Plus Health:
Self-Declaration of Qualifying Condition**

I, _____, do hereby declare at least one household member suffers from one or more of the following qualifying condition(s):

Respiratory Issue:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Other Respiratory Illness

Safety Issue:

- Susceptible to slip, trip and fall hazards

Check if signing for a minor under the age of 18 with one of the above listed conditions

I certify that the information contained above is complete and accurate to the best of my knowledge. By signing this document and participating in the Weatherization Plus Health program, I give Opportunity Council and the Washington State Department of Commerce permission to use my information for current and future data analysis.

Head of Household Signature: _____ **Date Signed:** _____

Legal Representative Signature: _____ **Date Signed:** _____

Relationship to Head of Household (if applicable): _____

Verified by Opportunity Council Staff:

Staff Name: _____ Signature: _____ Date Signed: _____