

## Opportunity Council's Weatherization Plus Health Program Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Complete this application and return **within thirty (30) days**. This application is only for self or medically diagnosed asthma, Chronic Obstructive Pulmonary Disease (COPD), and respiratory illnesses. Do not disclose if members of your household have other medical conditions.

Studies show that there may be a correlation between your home's indoor air quality and a household member's respiratory illness triggers. The goal of the Weatherization Plus Health program is to improve your home's health, safety, and indoor air quality. Only a medical provider can diagnose and treat asthma, COPD, or other respiratory conditions.

This program will require multiple home visits from Opportunity Council staff and certified contractors. During the first home visit, we'll discuss how your home impacts your health and together we will make a plan to improve your home's health, safety, and indoor air quality.

**Directions:**

1. Fill-in the first and last name for each household member that has a self or medical respiratory diagnosis
2. Fill-in their age
3. Check the box if they have self or medically diagnosed asthma or COPD. If their respiratory illness is not asthma or COPD, fill-in the name or type.
4. Check the box to confirm which size bed they sleep in
5. Fill-in the number of pillows they sleep with (for example: 2 pillows)

Name	Age	Self or Medical Diagnosis			Bed Size						Pillows
		Asthma	COPD	Respiratory Illness	Crib	Twin	Full	Queen	King	Cali. King	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Complete Reverse Side

**Questions?** Call (360) 734-5121 ext. 1020 or email [weatherization@oppco.org](mailto:weatherization@oppco.org)

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Last Updated: July 2023

<b>Check the box for the number on each line, only due to their respiratory illness</b>						
In the past year, how many times has the affected person been:						
Treated in a doctor's office or clinic for acute symptoms (not regularly scheduled visits)?	0	1	2	3	4	5+
Treated in an emergency room?	0	1	2	3	4	5+
Hospitalized overnight or longer?	0	1	2	3	4	5+

Notes:

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<b>Check all that apply</b>	
Which are the known or suspected triggers for the respiratory symptoms, episodes, or attacks?	
<input type="checkbox"/> Exercise <input type="checkbox"/> Stress <input type="checkbox"/> Weather conditions <input type="checkbox"/> Dust and dust mites <input type="checkbox"/> Pollen <input type="checkbox"/> Respiratory infections <input type="checkbox"/> High humidity	<input type="checkbox"/> Moisture and mildew build-up <input type="checkbox"/> Tobacco smoke <input type="checkbox"/> Pests (rodents, cockroaches, bugs, etc.) <input type="checkbox"/> Pet hair and dander <input type="checkbox"/> Fragrances and harsh cleaning chemicals <input type="checkbox"/> Other: _____

Notes:

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Completed By Opportunity Council:

Date pre-application received	
Priority group status	

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