CATHOLIC HEART WORKC	AMP WORK ORDER TEAM#
Name of Social Agency (Person referring this hom	eowner):Cell #
Homeowner/Person receiving our TEAM's h	elp:
Home or Business Address:	
City, State, Zip Code:	
Phone/Best Contact Number: (Cell)	(Home)
Marital Status:MarriedSepar	atedDivorcedWidowed Single
Number of people living in the home: Adults	Children (under 18):
Head of household age bracket: Under 24 _	25-40 41-60 Over 61
Handicapped person living in the home? Ye	s No Type of disability:
Bathroom available for TEAM to use? Y	es No Water Available?Yes No
Electricity Available? Yes No	Dog on premises? Yes No
Will the homeowner/contact person be there	while the work is being done?YesNo
What year was your home last painted? Inte	rior Exterior
Is this a rental property? Yes	_ No
*Attach pictures of the area needing repa	ired, painted etc.
Profile: To help us better serve the homeowner ple	ease share a little history to help us know the family.
Directions (from West Middlesov Cohool	Address 2504 Oberes D. J. West Middles on DA 46450 2704
Directions: (from West Middlesex School)	Address - 3591 Sharon Rd West Middlesex , PA 16159-372 1
How many days do you think this proje	ect will take?
4 Days 3 Days 2 Days	1 Day

CATHOLIC HEART WORKCAMP WORK ORDER Name of Resident/Project______ GENERAL HOME REPAIR: INTERIOR/EXTERIOR

	Room/Area	Description	Check if Agency/Resident CANNOT Provide Supplies
Caulking			
Repair or replace screen			
Weather stripping			
Repair wood rot			
Repair window			
Repair window Repair porch/replace wood			
Install/repair handrail			
Install door threshold			
Repair outside steps Other			
CLEANING PROJE	CTS INTERIO	OR/FXTERIOR	
	Room/Area	Description	
Clean out closet			
Remove clutter			
Clean/Mop floors			
Clean walls			
Clean windows		insid	le outside
Clean out/Organize garage			
Clean out gutters			
Other			
YARDWORK Mow the lawn (must provide mo	ower)		
Pull weeds			
Cut down small tree(s)			
Cut/Trim bushes			
Lay plastic sheeting		Provide	d? Yes No
Other			

^{*}CHWC does not purchase mulch for homes/agencies

CATHOLIC HEART WORKCAMP WORK ORDER Name of Resident/Project_____ INTERIOR PAINT SPECIFICS Is there prep-work to be done prior to painting? Please check if yes. ___ Walls need cleaned ___ Holes repaired__ Closets emptied/cleaned out ___ Clutter/old items removed *CHWC volunteers will cover floors and furniture with drop clothes **Holes Repaired** Room/Area Trim Color Paint Color **EXTERIOR PAINT SPECIFICS** Is there prep-work to be done prior to painting? Please check if yes. __ Cleaned __ Scraped __ Wood rot repair __ Trim bushes/trees__ Remove debris/trash Details Paint Color Trim Color Entire Home Detached garage Specific sides only Porch only Other (specify)

CHWC POLICIES

- CHWC DOES NOT paint over or scrape lead based paint, unless proper testing and procedures have been put into place.
- CHWC DOES NOT have volunteers remove insulation and vinyl flooring
- CHWC DOES NOT paint homes over 2 stories
- CHWC DOES NOT repair roofs

