

Nuisance Housing Investigation

Scott County Public Health

Date of Referral: _____

Referral Source: _____

Date of Investigation: _____

Client Number: _____

Client Name: _____

Address: _____

Phone Number: _____

Initial Complaint: _____

Present at Assessment: _____

Property / Community	Occupants
<p><u>Check if Present</u></p> <p>_____ Residential/Suburban</p> <p>_____ House/Duplex/Town Home</p> <p>_____ Condo/Apt.</p> <p>_____ Building on a Main Street</p> <p>_____ Property Line Space</p> <p>_____ Other</p> <p>Location: _____</p> <p>Description: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Check if Present</u></p> <p>_____ Single Person Occupied</p> <p>_____ Family (# of people)</p> <p>_____ Rent</p> <p>_____ Own</p> <p>_____ Vacant</p> <p>_____ Age</p> <p>_____ Other</p> <p>Location: _____</p> <p>Description: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
Unoccupied	Public Concerns
<p><u>Check if Present</u></p> <p>_____ Vacant Building/Portions of the Building</p> <p>_____ Abandoned Buildings</p> <p>_____ Dangerous Buildings or Structures</p> <p>_____ Other</p> <p>Location: _____</p> <p>Description: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Check if Present</u></p> <p>_____ Noise Violation</p> <p>_____ Junkyard/Salvage</p> <p>_____ Graffiti Violation</p> <p>_____ Obstructing Public Property</p> <p>_____ Inoperable/Obsolete Vehicle</p> <p>_____ Vehicle Illegally Parked</p> <p>_____ Illegal Liquor/Drug Manufacturing/Selling</p> <p>_____ Other</p> <p>Location: _____</p> <p>Description: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Yard	Dangerous Building or Structure
<p><u>Check if Present</u></p> <p>_____ Diseased/Damaged _____ Trees/Plant Materials _____ Weeds _____ Ditch, Drain, Storm Water Basin Not Maintained _____ Stagnant Water _____ Sewage Backup _____ Other</p> <p>Location: _____ Description: _____ _____ _____</p>	<p><u>Check if Present</u></p> <p>_____ Fire Exits _____ Windows _____ Steps _____ Nails _____ Carpeting _____ Appliances _____ Other</p> <p>Location: _____ Description: _____ _____ _____</p>
Hazardous Conditions	Vermin and Pests (Rodent Control)
<p><u>Check if Present</u></p> <p>_____ Open Holes _____ Open Foundations _____ Open Wells _____ Dangerous Trees/Limbs _____ Abandoned Appliances _____ Fire Hazards _____ Health Hazards _____ Pollution Hazards _____ Other</p> <p>Location: _____ Description: _____ _____ _____</p>	<p><u>Check if Present</u></p> <p>_____ Lice/Fleas/Bed Bugs _____ Cockroaches _____ Rodents (Mice/Rats) : Burrow/Runs/Markings _____ Snakes _____ Airborne Insects _____ Rabid Animals _____ Bats _____ Other</p> <p>Location: _____ Description: _____ _____ _____</p>

Solid Waste/Noxious Substances	Client Comorbidities
<p><u>Check if Present</u></p> <p>_____ Solid Wastes</p> <p>_____ Garbage</p> <p>_____ Noxious Substances</p> <p>_____ Hazardous Wastes</p> <p>_____ Junk/Salvage Materials</p> <p>_____ Other</p> <p>Location: _____</p> <p>Description: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Check if Present</u></p> <p>_____ Dementia/ Confusion</p> <p>_____ OCD</p> <p>_____ Vulnerable Adult/Child</p> <p>_____ Developmentally Delayed</p> <p>_____ Physical Disability</p> <p>_____ Other</p> <p>Location: _____</p> <p>Description: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><u>Check if Present</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ Other</p> <p>Location: _____</p> <p>Description: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><u>Check if Present</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ Other</p> <p>Location: _____</p> <p>Description: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Additional Findings: _____

Action Taken: Referral ____ Follow-Up ____

PHN: _____ **Date:** _____
