



Indiana Weatherization Home Health Screening Questionnaire

Release of Liability and Waiver of Claims

Client Name: _____ Job ID: _____

NOTICE: In performing Weatherization services, all products used must be approved by the U.S. Department of Energy. It is recognized that some products may have an odor that some people may find objectionable and that there is potential for negative health consequences in some people. Additionally, Weatherization services often stir up pre-existing dust and other contaminants in the home. If a person residing in the home believes they may be sensitive to, or otherwise object to the use of the materials listed below or to other common construction materials, or to the disturbance of pre-existing dust or other contaminants in the home, then it is required that the primary applicant disclose this information to the Weatherization contact prior to work beginning within the home.

FOR AND IN CONSIDERATION of the State of Indiana, the Indiana Housing and Community Development Authority (IHCD), and _____, hereafter referred to as Weatherization Administrator, its agents and employees assisting in the provision of weatherization services to our dwelling, I/WE DO HEREBY RELEASE the State of Indiana, the Indiana Housing and Community Development Authority, and the Weatherization Administrator its agents or employees, and contractors from any liability that may result from the use of products or from the dust produced during Weatherization measures.

Please indicate the products that may **NOT** be used in your home. Please be aware there may be some products for which there are no reasonable or acceptable substitutions. Circling some of the items on the list may mean that we are unable to perform some energy savings measures; some health and safety measures; and that your home may have to be deferred for work. If there are any questions about the products, please request additional information about how and where the product will be utilized. You may request the Safety Data Sheets or additional information from Weatherization service staff. If you are unsure, please consult your physician for guidance. Weatherization staff are not trained in health issues and cannot answer health related questions or provide advice.

Please circle any products listed below that are **NOT** to be used in your home:

- latex acrylic or silicone caulk sealant
- adhesive tape products
- spray-on adhesives
- ductwork sealants
- wall spackle patch or dry wall mud
- gas pipe sealant, pvc primer, or glues
- interior paint or primer products
- exterior paint or primer products
- vinyl or plastic products or sheeting
- rigid foam insulation
- fiberglass insulation
- cellulose insulation
- spray foam products
- LED light bulbs
- any products with volatile organic and non-organic compounds (VOC or VC)

Please list any other products Weatherization Services may not utilize in, on, or near your home

I, _____, **have NO objections** to proceeding with any and all Weatherization measures. I hereby agree to hold harmless and release IHEDA and the Weatherization Administrator, its agencies, and contractors from any liability resulting from the Weatherization services.

I, _____, **have objections** to proceeding with any and all Weatherization measures. I hereby agree to hold harmless and release IHEDA and the Weatherization Administrator, its agencies, and contractors from any liability resulting from the Weatherization services.

My signature below denotes that I fully understand the above waiver and its release of liability. I have chosen to go forward with the weatherization process.

Client Signature: _____ Date: _____

Client Name: _____ Phone: _____

Address: _____

City, Zip: _____

Agency Representative: _____ Date: _____