

Survey Of The Housing Needs Of The Chemically Injured Page 1 of 4

Purpose of the Housing Survey

To evaluate the need for specialized, low-toxicity housing in the chemically injured community.

Please PRINT Clearly!

Name: _____

Country: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Age: _____

Gender: _____

Medical Diagnosis - Check as many as apply

- Chemical Injury
- Chemical Sensitivity
- Multiple Chemical Sensitivity (MCS)
- Toxin Induced Loss Of Tolerance (TILT)
- Chronic Fatigue Syndrome (CFS)
- Myalgic Ecephalomyelitis (ME)
- Fibromyalgia
- Environmental Illness (EI)
- Environmental Sensitivities (ES)
- Mold Sensitivity
- Sick Building Syndrome (SBS)
- Heavy Metal Poisoning
- Electro Magnetic Field (EMF) Sensitivity
- ElectroHyperSensitivity (EHS)
- Other

If you checked "Other", please specify. _____

Does your current home meet your needs?

- Yes
- No
- Only Partially

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Due to your need for a low-toxicity home, are you currently homeless?

- Yes
- No

How urgent is it for you to move into a low-toxicity home?

- Not Urgent
- Somewhat Urgent
- Extremely Urgent

Do you have mobility problems that need to be accommodated?

- Yes
- No

If you checked "Yes", check all that apply.

- Level Floor - No Raised Steps
- Entrance Ramps
- Wheelchair/Walker Accessible
- Bathroom Handrails
- Transfer Poles
- Other

If you checked "Other", please specify. _____

Would you be interested in buying or renting a low-toxicity home?

- Buy
- Rent
- Buy or Rent

If you are interested in buying, what is your price range? _____

If you are interested in renting, what is your price range? _____

If you are interested in buying, would you be willing to rent one of the rooms to another person in need of a low-toxicity home?

- Yes
- No
- Unsure

If you are interested in renting, what type of low-toxicity home would you be interested in renting?

Check as many as apply.

- A Low-toxicity House
- A Low-toxicity Apartment
- A Room With Kitchen Privileges In A Low-toxicity House
- A Room With Board In A Low-toxicity House
- A Room In A Low-toxicity Convalescent Home

Would other family members or friends be living with you?

- Yes
- No
- Don't Know

If you checked "Yes", would these family members or friends be willing to live a low-toxicity lifestyle, such as no scent and no smoking?

- Yes
- No
- Don't Know

How many bedrooms will your home need? _____

Would you benefit from living in a low-toxicity village, in which all the buildings are safe, low-toxicity buildings?

- Yes
- No
- Don't Know

If yes, what are the services that you would consider necessary to be in or near this low-toxicity village?

If you need to move to a low-toxicity home, how far are you willing or able to move?

- Need To Stay In The Same Locality
- Want To Stay In The Same Locality
- Willing To Move Elsewhere In The Same Province Or State
- Willing To Move Elsewhere In The Same Country
- Willing To Even Move To Another Country, If Immigration Laws Permit

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Additional Comments: _____

Review your responses. When you are satisfied, **mail** your survey to us.

DO NOT E-mail Your Housing Survey To Us.

- E-mailed Survey Attachments will be viewed as Spam and Deleted.
- If you want to send us the survey electronically, please fill out the on-line Housing Survey form instead.
- The on-line Housing Survey form can be found on our company's web site at:
<https://www.hrni.ca>

This Printed Survey Must Be Mailed To Us To Be Viewed As Valid.

Mail Your Completed Housing Survey To:

Health Risk Navigation Inc.
504 Hills of Peace Road,
Lanark, Ontario
K0G 1K0
Canada

Thank you for taking the time and energy to contribute to this survey.
We deeply appreciate it.