

MANITOBA BUG N'SCRUB REQUEST FOR SERVICE

The purpose of this document is to assist the staff of requesting agency in prioritizing PREPARATION requests for treatment of units infested with bed bugs.

Once complete, please fax this form to 204-948-3093 or e-mail to: bedbugs@gov.mb.ca

Project:				Internal P.O. # <i>Office use only</i>	
Assessment Date:				Assessing Staff and Title:	
Tenant's Name:					
Address:	Street:			Apt #:	Entry Code:
	City:	Prov.:	Postal Code:	Phone Number: ()	
Property Owner		Onsite Contact		Onsite Tel. #	()
Referring Agency		Contact:		Tel. #	()

Assess each area on a scale of 1 to 5 by circling the appropriate number. Place the score in the last column once assessment is complete total all scores.

RATINGS	Low <u>Need For Assistance</u> High					Score	DESCRIPTION
	1	2	3	4	5		
Degree of infestation	1	2	3	4	5		Known <20 visible bed bugs classified as 1, Known >50 would be classified as 4 or higher.
Condition of unit	1	2	3	4	5		Consider level of cleanliness and whether there is any hoarding
Resident's Physical capabilities	1	2	3	4	5		Does the resident's physical health impact their ability to prepare the unit
Resident's Mental Health	1	2	3	4	5		Does the resident's mental or emotional health impact their ability to prepare the unit
Level of existing supports	1	2	3	4	5		Is the resident's community / social supports able to assist in preparing the unit
Notice of Termination	---	---	---	---	5		Add <u>5</u> if resident has a termination order in place
Children under 5 yrs	---	2	---	---	---		Add <u>2</u> if children under the age of 5yrs are living in unit.
TOTAL:							Assessing Signature:

NOTE: Any unit / tenant with a score of **20** or higher will be placed on a priority list. Staff will still have the ability to move units up on the priority list based on changing circumstances, individual situations, impact on surrounding units and availability of funding to proceed with treatment.

Other Information (for example, Pets): _____