

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 – fax to 204-948-3093 or e-mail to: bedbugs@gov.mb.ca

Project:				Internal P.O. # Office use only	
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. #	()

Assessment:

(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 Need For Assistance 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 home	1	2	3	4	5		- Consider level of cleanliness and whether there is any hoarding (higher assessed # = increased need)
Tenant capabilities	1	2	3	4	5		-Does the tenant's capabilities impact their ability to prepare the home? (higher assessed # = increased need)
Level of existing supports	1	2	3	4	5		-Are the tenant's community / social supports able to assist in preparing the home? (higher assessed # = increased need)
Notice of Termination/Eviction	---	---	---	---	5		- Add <u>5</u> if tenant has a notice in place
Children under 5 yrs	---	2	---	---	---		- Add <u>2</u> if children under the age of 5yrs are living in home.
TOTAL:							Assessing Signature:

(NOTE: Any home / tenant with a score of **17** or higher will be placed on a priority list according to their score. Staff will still have the ability to move applications up on priority list based on changing circumstances, individual situations, impact on surrounding homes and availability of funding to proceed with treatment.)

Other Information: (I.E. Pets): _____