

NEW HAMPSHIRE STATEWIDE "ONE-TOUCH" HEALTHY HOMES CHECKUP FORM

PROGRAM INFORMATION				
Administering Program:			Visitor Name:	
Date:		Client Referral #:		
CLIENT INFORMATION				
Client Name:			Apt. #:	
Head of Household Name:			Home phone: ()	
Street Address:			Work phone: ()	
City:		NH	Zip:	Email:
Mailing Address:				
Best time to call:				
Primary Language: English Spanish Nepali Chinese Swahili Bosnian Somali Other _____				
Landlord Name:			Landlord Phone: ()	
			Landlord email:	

	DEMOGRAPHICS	No	Yes	Comments
1	Any residents >60 yrs of age?			
2	Any disabled residents?			Describe:
3a	Any children <6 years old?			3b Any children <19 years old?
4	Any pregnant women?			
5	Do residents own home?			
6	Do any residents receive federal assistance? (i.e, WIC, Headstart, Fuel Assistance, Section 8, TANF, Food stamps)			Describe:
7	Does client have Health Insurance?			Type:
8	Who is the Primary Care Provider? Name:			Name of Practice:

CONSENT	
<p>I, _____ give permission to _____ (Head of Household) (Administering Program)</p> <p>to release any information contained on this form about me and/or my household members to:</p> <ul style="list-style-type: none"> • _____ NH Division of Public Health Services • _____ • _____ • _____ <p>I understand that a representative from the above agency/agencies may contact me directly to determine eligibility for the program to which I am being referred and to provide services if eligible. I understand that this agreement to release and exchange information is valid for one year from the signature date below and that this permission may be revoked at any time with a written request to NH HHLPP. I understand that I may request a copy of this release.</p> <p>_____ Signature of Client/Parent/Guardian</p> <p>_____ Date</p>	

	ENERGY EFFICIENCY	No	Yes	?	Comments
9	What fuel is used for heating? (Indicate primary vs. secondary heating source)				Oil Natural Gas Propane: Electric Wood
10	Was the occupant(s) cold last winter in this home?				Thermostat setting in winter:
11	Did the occupant(s) close off/ isolate rooms to stay warm in this home?				Fraction of rooms used :
12	Is the heating system old or inefficient? (collect digital photo if possible)				Year system was installed if known:
13	a. Is the attic insulated ?				
	b. If Yes , Is the attic insulation inconsistent or below framing?				
	c. Are there cold spots in walls?				
14	Does the home consume large amounts of energy ? Collect 1 years of heating & electric bills (e.g. utility account number & company, or oil delivery bills) Utility Name & Account #'s:				Kilowatts (kW) /year:
					Therms of gas/year:
					Oil gallons/year (or # of deliveries):
					Cords of wood /year:

	OCCUPANT HEALTH	No	Yes	NA	Comments
15	a. Has anyone living in this house been diagnosed with asthma ? Age? _____				
	b. If YES , is this person currently using rescue medicine for asthma ?				If Yes , how many times a week are they using rescue medicine? _____
	c. If YES , did this person have any unplanned doctor visits for asthma in the last 6 mos? Unplanned Doctor _____ ER or Urgent Care _____ Hospitalizations _____ Missed School or Work Days _____				Examples of Rescue Medicine ProAir, Proventil, Ventolin, Maxair, or Alupent
16	Occupants with other respiratory problems? (i.e. COPD)				
17	Occupants with flu-like symptoms or headaches experienced only in home?				
18	a. Do any occupants smoke ?				
	b. Is there smoking inside the home?				

	ENVIRONMENTAL CONDITIONS	No	Yes	NA	Comments
19	a. Was the home built <i>before 1978</i> ?				Year:
	b. If built <i>before 1978</i> , is there flaking, peeling, or chipping paint ?				
	c. If built <i>before 1978</i> , have children <6 years old living in the home or regularly visiting the home been tested for lead ?				
20	Is there evidence of pests ? (i.e. mice, squirrels, cockroaches, ants, rats, bed bugs, bats, lice, fleas)				Location:
21	a. Are there Smoke alarms ? (Need 1/unit/level/ & common areas/level required by law in rental units)				
	b. Are the smoke alarms working?				Location:
	c. Do you have an Emergency Evacuation Plan ?				
22	a. Are there carbon monoxide alarms? (Need 1/unit/level/outside sleeping area(s) required by law in rental units)				Location:
	b. Are the carbon monoxide alarms working?				Location:
	c. Are there un-vented combustion sources? (i.e gas stove or dryers, space heaters, generators)				
23	Is there evidence of moisture inside? Visible mold ____ Rotting wood ____ Musty smell ____ Unvented dryer ____ Condensation ____ Water stain or leak ____				
24	Do you use incense, air fresheners, or candles ?				
25a	Have you tested your home for Radon ?				
25b	Have you tested your drinking water from your property's well?				
	INJURY PREVENTION	No	Yes	NA	COMMENTS
26	For older adults , are grab bars present in bathroom by toilet and in tub?				
27	For older adults , are handrails present along staircase?				
28	Is lighting sufficient at top and bottom of stairs, in bathrooms, bedrooms, and outside entryway?				
29	For young children are there:				
	a. child gates if stairs are present?				
	b. window blind cord safety devices?				
	c. window guards or stops? (higher than 1 st floor)				
	d. medicines & poisons out of reach?				

REFERRALS & CLIENT EDUCATION

EDU	REF	FAMILY NEED	AGENCY & CONTACT INFORMATION
		ASTHMA	NH Asthma Control Program www.asthmanownh.org 1-800-852-3345 x0855
		CARBON MONOXIDE CALL YOUR LOCAL FIRE DEPARTMENT	Office of State Fire Marshal 1-603-223-4289 www.nh.gov/safety/divisions/firesafety/ Carbon Monoxide Workgroup www.nh.gov/co
		CHILD CARE, HEAD START & EARLY CHILDHOOD EDUCATION	Child Care Aware® of New Hampshire www.nhccrr.org/
		FIRE SAFETY CALL YOUR LOCAL FIRE DEPARTMENT	Office of State Fire Marshal 1-603-223-4289 www.nh.gov/safety/divisions/firesafety/
		HEALTH CENTERS (WITH SLIDING FEE SCHEDULES)	Community Health Centers 1-800-852-3345 x 4517 www.dhhs.nh.gov/dphs/bchs/rhpc/primary.htm
		HOUSING CODE VIOLATIONS	Find your local Health or Building Code Official at your town office
		INJURY PREVENTION	Injury Prevention Center 1-877-783-0432 Older Adults Falls Reduction Taskforce 1-877-783-0432
		LEAD HAZARD CONTROL GRANT PROGRAM	NH Housing Authority 1-603-310-9387 www.nhhfa.org/bp_lead.cfm
		LEAD POISONING PREVENTION	Healthy Homes & Lead Program 1-800-897-LEAD (5323) www.dhhs.nh.gov/dphs/bchs/clpp/index.htm
		MOISTURE, MOLD & RADON	US Environmental Protection Agency 1-888-372-7341 www.epa.gov
		PESTS (RODENTS, INSECTS & BEDBUGS)	UNH Cooperative Extension 1-877-398-4769 Bed Bug Action Committee www.nhbedbugs.com
		POISON	Northern NE Poison Center 1-800-222-1222 www.NNEPC.org
		PREGNANT WOMAN & CHILDREN MEDICAID	Health & Human Services 1-800-852-3345 x 4344 Apply for benefits online ww.nheasy.nh.gov
		TOBACCO CESSATION & SMOKE FREE HOUSING	NH Tobacco Control Program 1-800-852-3345 x 6891 www.trytostopnh.org 1-800-QUIT-NOW or Text CALLME to 22122
		WEATHERIZATION (MIDDLE & UPPER INCOME)	NH Saves.com 1-800-662-7764 www.nhsaves.com
		WEATHERIZATION & FUEL ASSIST. (LOW-INCOME)	Local Community Action Program www.nh.gov/oep/programs/weatherization/index.htm

REFERRALS & CLIENT EDUCATION

1. **ASTHMA:** Answers Yes to OCCUPANT HEALTH questions 15a and answers Yes to 15b more than twice a week. May also answers Yes to 15c. Refer to Primary Care Physician or NH Asthma Control Program.
2. **CARBON MONOXIDE:** If answers YES to OCCUPANT HEALTH question 17 and NO to ENVIRONMENTAL CONDITIONS questions 22a **or** 22b **or** YES to 22c refer tenant to property owner. If property owner is non-responsive, refer *tenant* to local fire department or local code enforcement.
3. **CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD):** If answers YES to OCCUPANT HEALTH question 16, refer tenant to Breathe NH for educational material.
4. **FAMILY & PARENT SUPPORT SERVICES:** If answers YES to question 4, refer family member to the Child & Family Services for those needing parenting or pregnancy support.
5. **FIRE SAFETY:** If answers NO to ENVIRONMENTAL CONDITIONS questions 21a **or** 21b refer property owner to local Fire Department. If answers NO to ENVIRONMENTAL CONDITIONS questions 21c, refer tenant to property owner. If property owner is non-responsive, refer tenant to local community Health or code official.
6. **INJURY PREVENTION:** If answers NO to INJURY PREVENTION question 26, 27, **or** 28, refer property owner to Mr. Fix-it program. If answers NO to INJURY PREVENTION questions 29 a, b, c **or** d, refer tenant to Injury Prevention Center or if older adult, refer to Older Adults Falls Reduction Taskforce for educational material.
7. **LEAD:** IF answers YES to DEMOGRAPHICS question 3 and ENVIRONMENTAL CONDITIONS question 19a, refer tenant to Nashua Health Department for educational material and information on testing children for lead. Refer to Lead Hazard Control Grant Program for funding available to property owners of pre-78 homes.
8. **MOISTURE OR MOLD:** Answers yes to ENVIRONMENTAL CONDITION 23, refer tenant to property owner. If property owner is non-responsive, refer tenant to local community Health or code official. Refer to US Environmental Protection Agency for educational material.
9. **PESTS:** Answers Yes to ENVIRONMENTAL CONDITIONS question 20. Refer tenant to property owner. If property owner is non-responsive, refer tenant to local community Health or code official. Refer to UNH Cooperative Extension and/or NH Bed Bug Action Committee for educational material.
10. **RADON:** Answers No to ENVIRONMENTAL CONDITION 25. Talk to property owner about this and refer to US Environmental Protection Agency regarding testing.
11. **SMOKING:** Answers Yes to OCCUPANT HEALTH question 18a and is interested in quitting, refer to 1-800-Quit-Now. If property owner is interested in Smoke-Free Housing, refer to NH Tobacco Prevention & Control Program.
12. **WEATHERIZATION (LOW INCOME) PROGRAM:** Eligibility criteria for program are 200% of Federal Poverty Guidelines. Four **high priority** criteria: 1.) High Energy user, 2.) older than 60 yrs, 3.) children under 19 yrs, **or** 4.) disabled. Also, if answers YES to OCCUPANT HEALTH question 17 & Environmental Conditions question 22c (un-vented space heater if this is the only source of heat.) Talk to property owner about this and refer to local CAP.
13. **WEATHERIZATION (MID & UPPER INCOME) PROGRAM:** High-energy user, no income or target population criteria. To determine If Occupant Has high energy, answers YES to questions 10, 11, 12, or 13 **or** answer to question 14 is >400 therms of gas per year, >7,500 Kwh of electricity per year or >500 gallons **OR** 2 deliveries of oil per year. Talk to property owner about this and refer to Home Performance with Energy Star program at NH Saves.