



Rhode Island One Touch

Home Visit Information

1) Home Visitor Contact Information [required]*

First Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____

2) Home Visiting Organization [required]*

- Asthma -Hasbro Children's Hospital Community Asthma Program
- Asthma - Saint Joseph Health Center
- Asthma - Thundermist Health Center
- Lead Center - St. Joseph's Health Center
- Lead Center - Blackstone Valley Community Action(BVCAP)
- Lead Center - Eastbay Community Action
- Lead Center - Westbay Community Action
- Lead Program - Rhode Island Housing
- Lead Program - City of Providence
- Lead Program - Other:

_____*

- Weatherization - Blackstone Valley CAP
- Weatherization - Comprehensive CAP
- Weatherization - East Bay CAP
- Weatherization - Providence CAP
- Weatherization - South County CAP

- Weatherization - Tri-Town CAP
- Weatherization - Westbay CAP
- Childhood Lead Action Project
- City of Providence Home Program (CDBG through Department of Planning & Development)
- Code Enforcement (enter City/Town):

_____*

- Early Head Start
- Health Center or other health-related home-visiting program
- NeighborWorks
- PACE
- Rhode Island Parent Information Network (RIPIN)
- RI Department of Health Office of Family Visiting
- RI Department of the Attorney General
- Other:

_____*

3) Date Home Visited or Phone Call [required]* _____

Home Characteristics

4) Moisture problems can trigger asthma and other health issues and create structural issues in the home. Are any of the following present?

Check all that apply. Un-check the default 'None mentioned or visible' to select other answers.

- No moisture problems mentioned or visible
- Plumbing leaks
- Roof leaks
- Drainage or damp basement problems
- Visible potential mold or moisture
- No bathroom exhaust fan, or not operational
- Other: _____ *

5) Pests, such as mice and cockroaches, can trigger asthma and other health issues. Are any of the following present?

Check all that apply. Un-check the default 'None mentioned or visible' to select other answers.

- No pests mentioned or visible
- Roaches
- Mice or rats
- Bed bugs
- Other: _____ *

6) What are the lead paint conditions in the home? [required]*

- Peeling paint, pre 1978 home
- Peeling paint, unsure of housing age
- NO peeling paint, housing built before 1978
- House built after 1978

7) Based on where the property is located, select the appropriate referral for lead hazard repair program services: [required]*

- Providence lead hazard repair program [this will generate an auto referral that the client can accept or decline]
- RI Housing lead hazard reduction program serving all Rhode Island, except Providence [this will generate an auto referral that the client can accept or decline]
- Property is not located in areas served by the above programs
- Client is not interested in referral

8) Do lead hazards pose an immediate risk to occupants (e.g., children < 6 yrs and extensive flaking peeling paint)? [required]*

Yes, referral will be made to RI Dept of Health [this will generate an auto referral that the client can accept or decline]

No referral needed

9) Does the water supply to the home come from well water? [required]*

Yes [this will generate an auto referral that the client can accept or decline]

No

10) Are there any safety risks in the home?

Check all that apply. Un-check the default 'None mentioned or visible' to select other answers.

No safety risks mentioned or visible

No working smoke detector or detector > 10 years old

No working carbon monoxide alarm or > 5 years old

Non-working smoke detector will be replaced by Weatherization

Non-working carbon monoxide alarm will be replaced by Weatherization

Exposed electrical wiring

Stairs or porch without adequate railings – mobility referrals

Added trip or fall hazards or mobility issues – mobility or home mod referrals

Windows or doors don't open for exit – mobility or housing rehab? Or delete

Other: _____*

11) Are there any energy use and heating concerns in the home?

Check all that apply. Un-check the default 'None mentioned or visible' to select other answers.

If any of the below conditions exist, refer to Weatherization, unless noted otherwise.

No energy or heating issues mentioned or visible

Electric space heater used frequently

Has not received low income weatherization and interested in energy upgrades

Primary heating source doesn't work

Home is cold in winter; rooms closed off to reduce energy use

Ice dams

High energy use (e.g., > 2 oil deliveries; energy utility bill > 20% of income)

Unvented combustion heater

Gas or electric service disconnected [Refer to RI Center for Justice]

Other: _____*

12) Does the home have any of the following?

If yes, refer to Weatherization.

- Incandescent light bulbs
- Refrigerator or freezer older than 10 years
- Air conditioning unit that does not have ENERGY STAR label or older than 10 years
- Washing machine or dehumidifier older than 10 years
- None of the above
- Other: _____ *

13) What is the primary fuel for heating the home?

- Oil
- Wood or pellet
- Electric
- Propane
- Gas
- Kerosene
- Unknown

14) Does your household participate in a low-income discount rate on either electric or gas bill through National Grid?

Home visitor has information to share with client, no referral email currently available.

- Yes, electric
- Yes, gas
- No, and client is interested and receiving information about discount rates
- No, or not sure

Household Information

15) Household demographics. Check all that apply.

- Children less than 6 years
- Children 6-18 years
- Adults older than 60 years
- Disabled household members
- Pregnant woman

16) Best language to communicate with family. Check all that apply.

- English
- Spanish
- French- Creole
- French
- Portuguese
- Vietnamese
- Other

17) Does anyone in the household receive public benefits?

(Check all that apply that you know of, no need to ask clients. This is a proxy for asking about income to get a sense of income)

- WIC (Women, Infants and Children- a supplemental nutrition assistance program)
- SNAP (Supplemental Nutrition Assistance Program for disabled, homeless or elderly)
- Medicaid
- Subsidized housing (Section 8 or public)
- Weatherization
- Fuel Assistance
- Discounted electric or gas rate for low-income residents
- Likely to qualify for low income programs, explain:

_____*

Other - if volunteered by client: _____*

18) For families with children of Early Childhood age through Transition to Adult Services age:

The Rhode Island Parent Information Network (RIPIN) provides referral and peer-support services for families and individuals who might need special healthcare and/or education supports.

The program has no household income restrictions.

Would you like a RIPIN Peer Support Coordinator to contact you to better understand your needs and how they might help? [required]*

Yes [this will generate an auto referral that the client can accept or decline]

No

Not applicable

19) Smoking in the household

Does anyone smoke in the home?

Yes

No

Is anyone interested in the QuitNowRI program?

**Contact information for QuitNowRI: 1-800-QUIT-NOW, or 1-800-784-8669
Enroll online at <http://www.quitnowri.org>**

Yes

No

20) Is anyone in the household interested in learning about how to better control asthma or deal with housing conditions that can trigger asthma attacks? [required]*

Yes [this will generate an auto referral that the client can accept or decline]

No

21) In the past year, has anyone in the family had to go to the emergency room or urgent care for an asthma attack?

Yes

No

22) Would anyone in the household like health insurance information? [required]*

Yes, infants to adults under 65 [this will generate an auto referral to RIPIN that the client can accept or decline]

Yes and older than 65 years, refer client to 211, ask for The Point, which focuses on people who qualify for Medicare

No

23) Within the past 12 months, have you run out of food, or were you worried that you might run out of food before you could buy more?

[Refer to Dept. of Health Home Visiting program to help connect with resources]

Often True

Sometimes True

Never True

24) Are any of the following health concerns important to you or anyone in your household? Check all that apply.

No health issues identified

Concern about building or home product materials that may not be good for my health

Child under 3 years not yet tested for lead

Mobility concerns (does your home need a grab bar, ramp or other fall prevention repairs?)

Other: _____*

Referrals and Comments

25) Please confirm that you are comfortable with making the following referrals [response required for all auto referrals]

| | Yes | No |
|--|--------------------------|--------------------------|
| Lead hazard repairs - City of Providence | <input type="checkbox"/> | <input type="checkbox"/> |
| RI Housing lead hazard reduction program serving all Rhode Island, except Providence | <input type="checkbox"/> | <input type="checkbox"/> |
| Lead hazards requiring immediate action - RI Department of Health | <input type="checkbox"/> | <input type="checkbox"/> |
| Drinking Water and Oral Health | <input type="checkbox"/> | <input type="checkbox"/> |
| RIPIN Peer Support Coordinator | <input type="checkbox"/> | <input type="checkbox"/> |
| RIPIN referral for child health insurance info | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma education or home visiting | <input type="checkbox"/> | <input type="checkbox"/> |

26) Are additional referrals required? [required]*

Yes

No

28) The family could benefit from referrals to (Check all that apply. Most options will generate an email referral, except as noted) [required]*

- | | |
|---|---|
| <input type="checkbox"/> Lead education & testing information - Childhood Lead Action Project | <input type="checkbox"/> Weatherization - East Bay (Barrington, East Providence, Jamestown, Little Compton, Middletown, Portsmouth, Tiverton, Warren) |
| <input type="checkbox"/> New baby or parenting concerns - RI Department of Health Office of Family Visiting | <input type="checkbox"/> Weatherization - Providence Community Action (Providence) |
| <input type="checkbox"/> Child developmental or parenting concerns - Rhode Island Parent Information Network (RIPIN) | <input type="checkbox"/> Weatherization - South County (Charlestown, Exeter, Hopkinton, Narragansett, New Shoreham, North Kingstown, Richmond, South Kingstown, West Greenwich) |
| <input type="checkbox"/> Quitline - Information provided to client | <input type="checkbox"/> Weatherization - Tri-Town (Burrville, Glocester, Johnston, North Providence) |
| <input type="checkbox"/> Mobility or home repairs Providence - City of Providence Home Rehab Program | <input type="checkbox"/> Weatherization - Westbay (Coventry, East Greenwich, Warwick, West Warwick) |
| <input type="checkbox"/> Electricity or heat shut off concerns - Rhode Island Center for Justice | <input type="checkbox"/> Food insecurity Dept. of Health Home Visiting |
| <input type="checkbox"/> National Grid low income discount rate - Information provided to client | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Weatherization - Blackstone Valley (Central Falls, Lincoln, North Smithfield, Pawtucket, Smithfield, Woonsocket) | |
| <input type="checkbox"/> Weatherization - Comprehensive Community Action (Cranston, Foster, Scituate) | |

29) Lead Center Staff Only: Added referrals made or information provided to clients. No email is generated. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Child Outreach (RIDE) | <input type="checkbox"/> Lead Clinic at St. Joes |
| <input type="checkbox"/> Head Start (DHHS) | <input type="checkbox"/> Dorcas International Institute |
| <input type="checkbox"/> Food Pantries | <input type="checkbox"/> Parents as Teachers BVCAP |
| <input type="checkbox"/> Oral Health | <input type="checkbox"/> Healthy Families America with BVCAP |
| <input type="checkbox"/> Child Care assistance | <input type="checkbox"/> Fair Housing with BVCAP |
| <input type="checkbox"/> SNAP | <input type="checkbox"/> RIDOH Breast Feeding |
| <input type="checkbox"/> CEDAR | <input type="checkbox"/> RIDOH WIC |
| <input type="checkbox"/> Legal Service | <input type="checkbox"/> Other |

30) General comments to be sent in email referral:

Consent

31) I understand that I may request a copy of this assessment and the release. [required]*

I agree. Home visitor has signed copy of consent.

I decline

Property and Contact Information

33) Is home owner-occupied? [required]*

Yes

No, multi-family 1-4 apartment building

No, multi-family more than 4 apartments

34) Property Address, include unit #

Street Address [required]*: _____

Apt/Suite/Office: _____

City [required]*: _____

35) Occupant Contact Information

First Name [required]*: _____

Last Name [required]*: _____

Email Address: _____

Daytime Phone Number [required]*: _____

36) Property Owner Contact Information

First Name [required]*: _____

Last Name [required]*: _____

Email Address: _____

Daytime Phone Number [required]*: _____