

## MANCHESTER ONE-TOUCH ENERGY EFFICIENCY & HEALTHY HOMES CHECK UP FORM

PROGRAM INFORMATION	
Administering Program:	Visitor Name:
Date: <span style="float: right;">Client Referral #:</span>	
CLIENT INFORMATION	
Client Name:	Home phone:
Street Address:	Work phone:
City, Zip:	Email:
Address:	Apt. #
Best time to call: Mon__am/pm Tues__am/pm Wed__am/pm Thur__am/pm Fri__am/pm	
Primary Language: English Spanish Nebali Chinese Swahili Bosnian Somali Other_____	
Landlord Name:	Landlord Phone:
	Landlord email:

	DEMOGRAPHICS	No	Yes	Comments
1	Any residents >62 yrs of age?			
2	Any disabled residents?			Describe:
3	Any children <6 years old?			
4	Any pregnant women?			
5	Do residents own home?			
6	Do any residents receive federal assistance? (WIC, Head Start, Fuel Assistance, Section 8)			Describe:
7	Health Insurance?			Type:
8	Primary Care Provider?			Doctor's Name: Location:

I consent to release of the above information & the Energy Efficiency Checkup Form to \_\_\_\_\_(referring organization) herein referred to as the Primary Organization. I further authorize the Primary Organization to share this information with the health care providers & other social service agencies to which I am being referred. I understand that a representative from these referral agencies may contact me directly to arrange additional follow-up. I understand that this agreement for the release & exchange of information is valid for a one-year term from the signature date below, & I understand this release may be revoked at any time with a written request to the Primary Organization. I understand that I may request a copy of this signed release.

\_\_\_\_\_  
Signature of Client/Parent/Guardian

\_\_\_\_\_  
Date

	ENERGY EFFICIENCY	No	Yes	Comments
1	What fuel is used for heating?			Oil
				Gas
2	Was the occupant(s) cold last winter?			Thermostat setting in winter:
3	Did the occupant(s) close off/ isolate rooms to stay warm?			Fraction of rooms used:
4	Is the heating system old or inefficient? (collect digital photo if possible)			Year system was installed if known:
5	Could the home have insufficient attic or wall insulation? (Answer Yes/No)			Is there currently any attic insulation?
				Attic insulation inconsistent/below framing?
				Are there cold spots in walls?
6	Does the home consume large amounts of energy? - Obtain 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	Comments
1	a. Has anyone <18 years living in this house been diagnosed by a doctor, nurse or other health professional with <b>asthma</b> ?			
	b. If <b>YES</b> , is <i>your child/teen</i> currently taking medication <u>daily</u> for their asthma?			
	c. If <b>YES</b> , did <i>your child/teen</i> have any unplanned doctor visits, ER or urgent care visits, or hospitalizations for asthma in the last 6 months? <b>If answered yes to ALL Questions 1a, b, &amp; c refer to city asthma program</b>			
2	Occupants with other respiratory problems?			
3	Occupants with flu-like symptoms or headaches experienced only in home?			
4	a. Do any occupants smoke?			
	b. Is there smoking inside the home?			

	ENVIRONMENTAL CONDITIONS	No	Yes	Comments
1	For homes built before 1978, is there >2 ft <sup>2</sup> <b>inside of flaking, peeling, or chipping paint</b> ? (If unknown, assume pre 1978)			Location:
2	For homes built before 1978, is there significant <b>outside flaking, peeling, or chipping paint</b> (> 10 ft <sup>2</sup> )? (If unknown, assume pre 1978)			Location:
3	Evidence of <b>pests</b> ? (e.g, mice, squirrels, cockroaches, rats /urine stains, droppings, teeth mark, bed bugs)			Location:
4	a. Are there <b>Smoke alarms</b> ? (Need 1/unit/level; required in buildings with 2 or more units) b. Are Smoke alarms working?			Location:
5	a. Is there a <b>carbon monoxide</b> alarm? (Need 1/unit/level & inside the bedroom if there is a CO source in bedroom) b. Is the Carbon monoxide alarm working?			Location:
6	Is there an <b>unvented space heater</b> ?			Location:
7	Is there evidence of <b>current moisture</b> inside (e.g., wet spots, water stains, mold, musty smell)?			Location:  Obvious source:
8	Is there <b>&gt; 1 ft mold or discoloration from moisture/room</b> on interior surfaces?			Location:  Obvious source:
9	Is there evidence of <b>condensation</b> inside? ➤ 2 feet in attic ➤ > 1 foot on window			Note season & location:  Obvious source:
10	Is there evidence <b>past moisture</b> problems on interior surfaces? (e.g., rotting wood, water stains, occupant reports)			Location:  Obvious Source:
11	Are there <b>unvented dryers</b> ?			
12	Are there obvious sources of Volatile Organic Compounds (VOCs) (e.g., air fresheners, candles)?			

	INJURY PREVENTION	NO	YES	COMMENTS
1	For <b>elderly</b> , are grab bars present in bath?			
2	For <b>elderly</b> , are handrails present?			Note areas with needs:
3	Is outdoor lighting sufficient near entryway?			

	INJURY PREVENTION	NO	YES	COMMENTS
4	Is interior lighting sufficient?			
5	For <b>young children</b> , are there? <ul style="list-style-type: none"> <li>- child gates (if stairs are present)</li> <li>- strangulation cords (with blinds)</li> <li>- window guards</li> </ul>			

<input checked="" type="checkbox"/>	Family Need	Agency	Contact Information
	Asthma	Manchester Health Department	Fax 603-628-6004 Jaimie Hoebeke
	Weatherization/Fuel Assistance Low-Income	Southern NH Services	Fax 603-622-7731 Beth Gilbert
	Weatherization Middle & Upper income	Home Performance with Energy Star	Fax 603-634-3146 Steve Elliott
	Childhood Lead Poisoning	Manchester Health Department	Fax 603-665-6894 Suzanne Rouleau
	Lead Hazard Control Funding	Manchester Housing Initiative	Fax 603-623-9061 Kate Kirkwood
	Family Support Programs	Child and Family Services	Fax 603-668-6260 Cherie LeBel
	Home Rehab	Manchester Housing Initiative	Fax 603-623-9061 Kate Kirkwood
	Mr. Fix-It Program (small repairs)	Southern NH Services	Fax 603-889-0945 Kathy Krzyzek
	Housing Code Violations	City of Manchester	Fax 603-624-6529 Dave Albin
	Head Start	Southern NH Services Head start	Fax 603-647-7188 Susan Wall
	Fire Safety	Manchester Fire Department	Phone 603-669-2256 x3404 Ed O'Reilly
	Smoking Cessation	Manchester Health Department	Fax 603-628-6004 Brita Nettleton

## REFERRALS & CLIENT EDUCATION

1. **Asthma: Determine if resident qualifies for Manchester Asthma Home Visiting Program.** Answers yes to **ALL THREE** OCCUPANT HEALTH questions 1a, 1b, & 1c.
2. **Lead Hazard Control Grant:** Flaking, peeling paint & children less than six years old living in homes built before 1978. Answers yes to DEMOGRAPHICS question 3, ENVIRONMENTAL CONDITIONS questions 1 or 2 & home is pre-1978. Priority placed on children with elevated blood lead levels. Program works with property owners. Obtain owner information.
3. **Lead Poisoning Prevention Program:** Flaking, peeling paint & children under six years old in homes built before 1978. Answers yes to DEMOGRAPHICS question 3, ENVIRONMENTAL CONDITIONS questions 1 or 2; & home is pre-1978.
4. **Head Start:** Head Start serves children up to two years prior to public school entrance, so children may be 3 and 4. Eligibility for the program is based on age, income, and weighted selection criteria.
5. **NH Child & Family Services:** Child & Family Services provides services to low income families in need of parenting support and to the elderly in need of assistance with home care.
  - Elderly needing help with chores.
  - Parenting support.
  - Pregnancy support.
6. **Fix-it:** Homeowners needing volunteer modest home repair help.
7. **Home Rehab:** Home repairs needed, program works with property owners. Obtain property owner information.
8. **Pests:** Pest infestation, answers yes to ENVIRONMENTAL CONDITIONS question 3.
9. **Weatherization:** High Energy user & low income high risk population. Weatherization high-risk population is:
  - Low income (income 200% of Federal Poverty Guidelines); &
  - Occupants are: elderly (>62 yrs), children under 6 yrs or age, **or** disabled.
 Also, if answers yes to OCCUPANT HEALTH question 3 & Environmental Conditions question 6 (unvented space heater if this is the only source of heat.) Program works with property owner. Obtain owner information.
10. **Home Performance with Energy Star & Cooperative Extension:** High energy user, no income or target population criteria.  
**To determine If Occupant Has High Energy.** Answers “yes” to ENERGY EFFICIENCY questions 2, 3, 4, or 5. Or answers to question 6 exceed below energy thresholds.

Fuel	High Energy Threshold
Therms (gas)	> 400/ year
Kwh (electric)	> 7,500 / year
Oil (mobile homes or stick built)	> 500 gallons OR >= 2 deliveries / year