

Vermont One Touch

Home Visit Information

How to discuss this survey with clients:

We are collaborating with a wonderful coalition of groups in our area to help ensure our clients are connected to other health, housing and energy services. To help make those referrals, I need to ask you a few added questions, it will take less than 10 min. When we are done I will let you know the referrals I can make to other groups, and will ask for your consent/approval before starting the referral.

This One Touch program is completely voluntary. Is it ok if I get started? You can choose not to answer a question at any time.

Resources: [Resource Referral Guide](#), [Consent Form](#), [Survey \(printable\)](#)

1) Home Visitor*

Name: _____

Email Address: _____

Phone Number: _____

2) Home Visiting Organization*

- Weatherization - BROCC - Community Action in Southwestern VT
- Weatherization - Capstone
- Weatherization - CVOEO
- Weatherization - NETO - Northeast Employment and Training
- Weatherization - SEVCA – Southeastern VT Community Action
- Burlington Lead Program
- AgeWell
- Burlington CEDO Home Program
- Burlington Code Enforcement
- Champlain Housing Trust
- Capstone - Head Start
- Central VT Council on Aging
- Childrens Integrated Services
- Chittenden Emergency Food Shelf
- Downstreet Healthy Homes
- Downstreet Housing Rehab or Counseling
- Efficiency Vermont
- NeighborWorks of Western Vermont
- Northeast Community Lending Corporation
- Northeast Kingdom COA
- Rural Edge
- Rutland Regional Medical Center
- Senior Solutions Aging of Southeastern VT
- Southwestern Vermont Council on Aging
- UVM Medical Center
- Vt Center for Independent Living
- VT Department of Health
- VHCB - Healthy and Lead Safe Homes Control
- Visiting Nurses Association
- Vital Communities
- Winooski Code Enforcement
- Other - Write In (Required): _____

3) Date Home Visited* _____

Home Characteristics

This page contains questions regarding the physical aspects of the home that may affect the occupants' health and safety.

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.

- | | |
|--|---|
| <input type="checkbox"/> Plumbing leaks | <input type="checkbox"/> Rotted building areas (e.g., window sills) |
| <input type="checkbox"/> Roof leaks | <input type="checkbox"/> Other - Write In (Required): _____* |
| <input type="checkbox"/> Drainage or damp basement problems | <input type="checkbox"/> No moisture problems mentioned or visible |
| <input type="checkbox"/> Visible mold | |
| <input type="checkbox"/> No bathroom exhaust fan, or not operational | |

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.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Roaches | <input type="checkbox"/> Other - Write In (Required): _____* |
| <input type="checkbox"/> Mice or rats | <input type="checkbox"/> No pests mentioned or visible |

6) What are the lead paint conditions in the home?

- peeling paint, pre 1978 home (refer to VHCB or Burlington lead program)
- peeling paint, unsure of housing age (refer to VHCB or Burlington lead program)
- NO peeling paint, housing built before 1978 (refer to Burlington lead program, VHCB if rental housing)
- housing built after 1978

7) Are there any safety OR STRUCTURAL risks in the home?

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

- | | |
|---|---|
| <input type="checkbox"/> No working smoke detector or detector > 10 years old | <input type="checkbox"/> Wiring issues: exposed, non working or other wiring problems |
| <input type="checkbox"/> No working carbon monoxide alarm or > 5 years old | <input type="checkbox"/> Stairs or porch without adequate railings |
| <input type="checkbox"/> Non working smoke detector will be replaced by Weatherization | <input type="checkbox"/> Windows or doors don't open for exit |
| <input type="checkbox"/> Non working carbon monoxide alarm will be replaced by Weatherization | <input type="checkbox"/> Other structural issues, explain: _____* |
| <input type="checkbox"/> No safety risks mentioned or visible | |

8) Assessment for mercury and setback thermostats*

Would you be interested in a new thermostat that would automatically control the temperature in your home and save you money on your heating bill at the same time?

- Yes, coach will install No

**Efficiency Coach, Is there an existing mercury thermostat in the home?
(check all t-stats, don't rely on the client to know)**

(if yes, provide coaching on importance of properly recycling mercury if and when any mercury t-stats are replaced after Wx)

- Yes No

9) 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.

- | | |
|---|---|
| <input type="checkbox"/> Electric space heater used frequently | <input type="checkbox"/> Ice dams |
| <input type="checkbox"/> Has not received low income weatherization and interested in energy upgrades | <input type="checkbox"/> High energy use (e.g., > 2 oil deliveries) |
| <input type="checkbox"/> Primary heating source doesn't work | <input type="checkbox"/> Unvented combustion heater |
| <input type="checkbox"/> Gas or electric service disconnected | <input type="checkbox"/> Other (Required): _____* |
| <input type="checkbox"/> Home is cold in winter; rooms closed off to reduce energy use | <input type="checkbox"/> No energy or heating issues mentioned or visible |

10) Does the household have high electric use?

Check all that apply. Un-check the default 'None of the above' to select other answers.

- | | |
|---|--|
| <input type="checkbox"/> High electric use (any monthly bill > \$200) | <input type="checkbox"/> Other - Write In (Required): _____* |
| <input type="checkbox"/> Electricity is primary heat source | <input type="checkbox"/> None of the above |

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

- | | | | |
|---|-----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Oil | <input type="checkbox"/> Electric | <input type="checkbox"/> Gas | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Wood or pellet | <input type="checkbox"/> Propane | <input type="checkbox"/> Kerosene | |

12) Are you receiving a low income discount on either your electric or gas bill through either Green Mountain Power or Vermont Gas? [Required for energy coaches]

- | | |
|--|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> No and interested and receiving information about discount |
| <input type="checkbox"/> Yes, Green Mountain Power | <input type="checkbox"/> No or not sure |
| <input type="checkbox"/> Yes, Vermont Gas | |

13) Are you receiving fuel assistance to help reduce fuel costs for lower income households? (Income threshold is 185% Federal Poverty Level) [Required for Weatherization energy coaches]

- Yes
- No, I may be interested, please leave me an application
- No, I am interested in completing the application now
- No, applied but not eligible
- No, I'm not interested.

14) Is there vermiculite insulation in the home (attic, walls, basement)? [Required for Weatherization energy coaches]

- Large areas of potential vermiculite
 - Unable to access attic
 - Small areas of potential vermiculite
 - No observed vermiculite
-

Household Information

15) Household demographics. Check all that apply.

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

16) Does anyone in household receive public benefits? (check all that apply that you know of, no need to ask clients)

- WIC
- 3 Squares
- Medicaid
- Subsidized housing (section 8 or public)
- Weatherization
- Likely to qualify for low income programs, explain (Required): _____*
- Other - if volunteered by client (Required): _____*

17) Is there a child under 3 not yet tested for lead?

- Yes
- No

18) Does anyone in living in or regularly visiting your home struggle with asthma?

- Yes
- No

19) Is anyone in the household interested in learning about how to better control asthma or deal with housing conditions that can trigger asthma attacks? [Refer to Department of Health for coaching]

- Yes [Refer to Asthma education, VT Dept of Health]
- No

20) Are you interested in receiving info on WIC which provides nutrition education, health and social services referrals, breastfeeding support, and healthy supplemental foods to pregnant women, infants and children under age 5? Families must meet income guidelines.

- Yes
- No
- Not applicable

21) Do you worry about whether your food will run out before you get money to buy more, or, does the food you buy just not last, and you don't have money to get more? [Often or Sometimes: Refer client to [Vermont Food Bank Agency Locator \(http://vtfoodbank.org/agency-locator\)](http://vtfoodbank.org/agency-locator) or call 800-585-2265]

- Often
- Sometimes
- Never

22) Households with someone 60+years: Do you have issues obtaining groceries or with meal preparation. [Often or Sometimes and 60 yrs : refer to AAA Food Assistance]

- Often
- Sometimes
- Never
- N/A - nobody 60+ yrs

21) [Chittenden County Only] Are you interested in receiving info on 3SquaresVT (SNAP - Supplemental Nutrition Assistance Program (also known as, Food Stamps)) which provides money for groceries on an EBT card for households meeting income guidelines? [Refer to Chittenden Emergency Food Shelf]

Yes No

24) Smoking in the household

Does anyone smoke in the home?

Yes No

Are you interested in quitting or reducing your tobacco use?

Yes No

Are you interested in a referral to the Quitline program which can provide free nicotine replacement therapy such as patches, gums or lozenges?

Yes No

Contact information for Quitline*

Smoker name (first last): _____

Best phone number to reach client: _____

Can Quitline leave a message? (yes, no): _____ Best time to call: _____

25) Are you interested in smoke free housing or information on second hand smoke dangers?

Yes No

26) Have you or anyone in your household fallen in the past year?

Yes [Refer to county appropriate Area Agency on Aging] No

27) Do you or household member feel unsteady when standing or walking?

Yes [Refer to county appropriate Area Agency on Aging] No

28) Do you or household member worry about falling?

Yes [Refer to county appropriate Area Agency on Aging] No

Referrals

29) Referrals needed*

- Yes, will specify Yes, but family declined referral No referral needed

30) Referrals Sector*

- Burlington/Winooski Statewide

31) The family could benefit from referrals to: [Check all that apply. This will generate an email referral except where indicated.] **FOR ALL Vermont regions INCLUDING BURLINGTON/WINOOSKI**

Note on Fall Prevention Referrals: For referrals for Fall Prevention and Older Adult services, please consult [Vermont Association for Area Agencies on Aging](#) for a map of counties and agencies. Note there are some exceptions for towns within a county. To check the town assignment, please consult this document:

[Fall Prevention and Older Adult Services Index of Town and County to Agency table \(as of 07-10-2019\)](#)

Health Referrals

- Asthma educational outreach - Dept of Health
- Asthma Home visiting - Rutland Regional Medical Center
- Child passenger safety (car seats)
- Disabled adults, independent living concerns - VT Center for Independent Living
- Financial coaching & education for money management, savings, credit, micro businesses - Chittenden, Franklin, Grand Isle, and Addison Counties
- Food 3Square application help – Chittenden County Only: Chittenden Emergency Food Shelf
- Lead hazard repairs - Vermont Housing & Conservation Board
- Lead educational outreach - Dept. of Health
- Smoking cessation Quitline
- Smoke free housing & second hand smoke risks - Dept of Health
- WIC - access to healthy foods, nutrition education and counseling, and breastfeeding support

Housing and Energy Referrals

- Electric account low income discount [application provided or phone # 1-800-775-0516 - no email]
- Fuel Assistance - Paperwork provided to client
- High electric use, low income - Efficiency VT
- Radon - free radon home test kits available
- CENTRAL VT - Weatherization: High energy use or has not been weatherized, low income - Capstone
- CENTRAL VT - Housing repairs, low income loans - Downstreet

- NORTHEAST VT - Weatherization: High energy use or has not been weatherized, low income - Northeast Employment & Training Organization (NETO)
- NORTHEAST VT - Housing repairs, low income loans: Rural Edge
- NORTHERN VT - Chittenden, Franklin, and Grand Isle counties - Healthy housing repairs, low income families - Champlain Housing Trust
- NORTHWEST VT - Weatherization: High energy use or has not been weatherized, low income family - CVOEO
- SOUTHEAST VT - Weatherization: High energy use or has not been weatherized, low income: Southeastern VT Community Action (SEVCA)
- SOUTHEAST VT - Housing repairs, low income: Windham & Windsor Housing Trust
- SOUTHEAST VT / White River Junction : Housing repairs - COVER
- SOUTHWEST VT- Weatherization: High energy use or has not been weatherized, low income - Community Action in Southwestern VT - BROCC
- SOUTHWEST VT - Housing & energy efficiency repairs all income, loans: NeighborWorks of Western VT
- SOUTHWEST VT - Healthy housing repair and energy efficiency, all-income, loans: NeighborWorks of Western VT

Fall Prevention and Older Adult Services

- Fall Prevention Assessment & Repairs - Chittenden County only - UVM Medical Center
- Fall Prevention and Assessment - Caledonia, Essex, Orleans County - NEKCOA
- Fall Prevention and Assessment - Chittenden, Franklin, Grand Isle, and Addison - AgeWell
- Fall Prevention and Assessment - Lamoille, Orange, and Washington counties as well as the towns of Bethel, Granville, Hancock, Pittsfield, Rochester, Royalton, Sharon and Stockbridge - CVCOA
- Fall Prevention and Assessment - Rutland and Bennington County - SVCOA
- Fall Prevention and Assessment - Windsor and Windham County - Senior Solutions, COASEV
- Older Adult Food Assistance - Caledonia, Essex, Orleans County - NEKCOA
- Older Adult Food Assistance - Chittenden, Franklin, Grand Isle, and Addison - AgeWell
- Older Adult Food Assistance - Lamoille, Orange, and Washington counties as well as the towns of Bethel, Granville, Hancock, Pittsfield, Rochester, Royalton, Sharon and Stockbridge - CVCOA
- Older Adult Food Assistance - Rutland and Bennington County - SVCOA
- Older Adult Food Assistance - Windsor and Windham County - Senior Solutions, COASEV
- Older Adult Care Assistance - Caledonia, Essex, Orleans County - NEKCOA
- Older Adult Care Assistance - Chittenden, Franklin, Grand Isle, and Addison - AgeWell
- Older Adult Care Assistance - Lamoille, Orange, and Washington counties as well as the towns of Bethel, Granville, Hancock, Pittsfield, Rochester, Royalton, Sharon and Stockbridge - CVCOA
- Older Adult Care Assistance - Rutland and Bennington County - SVCOA
- Older Adult Care Assistance - Windsor and Windham County - Senior Solutions, COASEV
- Fall Prevention - Falls Free Vermont Coalition - use this referral if this client's needs do not fit into county referrals for Fall Prevention, Older Adult Food or Care Assistance

Burlington Specific Referrals

- Burlington Housing Code - Burlington Code Enforcement
- Energy efficiency opportunities - Burlington Electric Dept.
- Head Start - Champlain Valley Head Start
- High energy use or has not been weatherized, any income- Vermont Gas
- Housing repairs, low income families, City of Burlington Community Economic Development Office
- Injury Prevention-Mobility Repairs Chittenden County - UVM Medical Center Injury Prevention
- Lead hazard repairs - Burlington Lead Program
- Lead educational outreach -Burlington Lead Program
- Winooski Housing Code - Winooski Code Enforcement

32) What added information did you provide the family?

Health Referrals

- Asthma educational
- Asthma home visit - Rutland
- Child passenger safety (car seats)
- Disabled adults, independent living
- Financial coaching
- Food Bank/Shelf
- Food 3Square application
- Health Insurance
- Older adult food assistance
- Older adult care assistance
- Older adult fall prevention
- Smoking cessation Quitline
- Secondhand smoke – Dept. of Health
- WIC

Housing and Energy Referrals

- Lead hazard repairs
- Lead education
- Electric or gas low income discount
- Electric low income high use
- Housing repairs
- Radon test kits
- Vermont Gas low income account discount
- Weatherization

Burlington Specific Referrals

- Burlington code enforcement
- Energy efficiency - Burlington electric
- Head Start
- High energy, any income- Vermont Gas
- Injury prevention repairs – UVM Medical Center
- Lead hazard repairs or education
- Winooski code enforcement

33) General comments:

Consent

34) I acknowledge that my participation in the One Touch assessment is voluntary and I give my permission to the program/organization conducting this One Touch assessment to release the information collected about my household and its environmental health needs to the organizations identified below as appropriate referrals. The purpose of the One Touch program is to understand household needs around health, housing and energy and provide referrals to organizations that can provide relevant resources and services.

I further understand that a representative from one of the referral agencies/organizations identified below may contact me directly to determine eligibility for the program to which I am being referred and to provide services if I or my family is eligible. If a referral is made to the 802Quits for smoking cessation support, I understand that 802Quits may inform the referring party about my participation. I understand that my participation in this assessment will not impact my ability to receive services from the program or organization conducting the assessment.

This release is valid for one year from the date of my signature below. I may revoke this release in writing at any time, except to the extent that organization that under took the home visit has already taken action in reliance on it. I further understand that I must provide any notice of revocation in writing to agency/organization that undertook the home visit.

I understand that I may request a copy of this assessment and the release.

I agree. Home visitor has signed copy of consent.

I decline

Property and Contact Information

35) Occupant contact information

Name*: _____ Daytime Phone Number*: _____

Email Address: _____

36) Is home owner-occupied?*

Yes

No

37) Property Owner contact information

First, Last Name*: _____

Email Address: _____

Daytime Phone Number*: _____

38) Property Address, include unit#*

Street, unit #: _____ City: _____