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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FAMILY** | | | | | | | | | | | | | |
| Name of Primary Caregiver | |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Address | |  | | | | | | 🞎 | | rent | | 🞎 | own |
| Phone | | cell. |  | | | Preferred contact method | | | | | 🞎 | Text | |
| home |  | | | 🞎 | Phone | |
| 🞎 | Email | |
| Legal Name of Children★ | | | | DOB | CM | | Year | | Address★★ | | | | |
|  | | | |  | 🞎 | |  | |  | | | | |
|  | | | |  | 🞎 | |  | |  | | | | |
|  | | | |  | 🞎 | |  | |  | | | | |
|  | | | |  | 🞎 | |  | |  | | | | |
|  | | | |  | 🞎 | |  | |  | | | | |
| 🞎 | Written authorization for release of information from IH t o SNC Lavalin E&W signed at BLC | | | | | | Date | | | |  | | |
| 🞎 | Verbal authorization for release of information to/from IH/SNC Lavalin E&W at HFHH Viist | | | | | | Date | | | |  | | |
| ★List children youngest to oldest  ★★ If children were CM at while living at a different than current address | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

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| **HFHH Assessement Services** | | | | | | | | | | | | | |
| ***Yard and Soil Assessement and Remediaiton*** | | | | | | | | | | | | | |
| *Stage:* | Consent | | 🞎 | Delivered to property | | | | 🞎 | Signed & returned to CPO | | 🞎 | Other |  |
| Testing | | 🞎 | ??? | | | | 🞎 | ??? | | 🞎 | ??? | |
| Remedaition | | 🞎 | Full Yard | | 🞎 | Partial | | | Year |  | | |
| Reporting | | 🞎 | Received | | | | 🞎 | ??? | | 🞎 | ??? | |
| Comment: | |  | | | | | | | | | | | |
| ***PaintScreening ★*** | | | | | | | | | | | | | |
| 🞎 Recommended ( <1976) | | | | Comment: |  | | | | | | | | |
| ★Paint Screening consent form must signed by the homeowner, landlord, or property managerprior to screening | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **INCENTIVES** | | | | | |
| ***Dusting Kit*** | | ***Garden Kit*** | | ***Sandbox*** | |
| 🞎 | Complete | 🞎 | Complete | 🞎 | Plastic |
| 🞎 | Partial | 🞎 | Partial | 🞎 | Wood sandbox request |
| 🞎 | Cup | 🞎 | Soap | 🞎 | Cup |
| 🞎 | Ball | 🞎 | Plate set | 🞎 | Blanket |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VACUUM** | | | | | | | | | | |
|  | | | | | Model | | |  | | |
| Bagged | | 🞎 | Bagless | Comment (e.g. filter type): | | | | |  | |
| ***Request for vacuum replacement*** | | | | | | | | | | |
| Yes |  | | | | | 🞎 | No | | |  |

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| --- |
| **CCOMMENTS & FOLLOW UP** |
|  |
|  |
|  |

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| --- | --- | --- | --- | --- |
| **HFHH VISIT** | | | | |
| **HF Visit** | **🞎** | **HH Visit** | **🞎** | |
| Date |  | Date |  | |
| Assessor |  | Assessor |  | |
| **Date of Fax** |  | **To:** | 🞎 | CPO |
|  |  |  | 🞎 | IH |