

# Safe and Healthy Homes Program

## Provider Referral Form



**NATIONAL  
NURSE-LED CARE  
CONSORTIUM**  
a PHMC affiliate

Referred by (Agency): \_\_\_\_\_ Date: \_\_\_\_\_

Referred by (Name): \_\_\_\_\_ Phone/Email: \_\_\_\_\_

### Eligibility Must be "Yes" to both #1 and #2 for family to be eligible

1. Is there an expecting mother or a child up to 21 years old in the household? (select one) **Yes** **No**
2. Does the household participate in/is eligible for any assistance programs such as WIC, LIHEAP, Medicaid, free or reduced-price school lunch,, Nurse Family Partnership, Cash Assistance, or is otherwise known to be below 300% of the Federal Poverty Guidelines? (select one) **Yes** **No**

2a. If so, please provide details (i.e. which specific program; income verification): \_\_\_\_\_

### Participant Information

Name of Child: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Name of Mother or Caregiver: \_\_\_\_\_ Due Date (if pregnant): \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Does the caregiver primarily speak a language other than English? (select one) **Yes** **No**

If yes, what language? \_\_\_\_\_

Does the expecting mother and/or child suffer from asthma? (select one) **Yes** **No**

Is the household concerned about pests? Roaches, mice, bed bugs, etc. (select one) **Yes** **No**

Is the household concerned about home safety or injuries? Falls, fires, etc. (select one) **Yes** **No**

### Demographic Information

Race: Black or African American White American Indian or Alaska Native Asian

Native Hawaiian or Pacific Islander Two or more races Choose not to answer

Ethnicity: Non-Hispanic or Latino Hispanic or Latino Choose not to answer

Please return this form with the Consent Form (page 2), to **Shawana Mitchell** by fax at **215-731-2400** or email [shawana@ncc.us](mailto:shawana@ncc.us). You may call **267-765-2320** to complete this referral form over the phone.

# Safe and Healthy Homes Program

## Caregiver Consent Form



The Safe and Healthy Homes Program serves to reduce illness and injury caused by home health and safety hazards, such as fire and fall hazards and asthma triggers like pests and mold. The Safe and Healthy Home Program is funded through the Pennsylvania Department of Health.

My signature below indicates that I consent to be referred to this program and that I understand the following:

1. I consent to the above provider releasing only the information contained on this Provider Referral and Participant Consent form to the Safe and Healthy Homes Program staff.
2. My participation in this program is voluntary.
3. I can expect to be contacted by the Safe and Healthy Homes Program staff serving the region in which I live as soon as possible.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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