

One Touch KC Referral Survey

One Touch KC Visiting Organization

1) Community Organization of Surveyor*

Children's Mercy-Environmental Health Program
City of Kansas City, MO Health Department
Community Action Agency of Greater Kansas City
Community Health Council of Wyandotte County
El Centro Inc.
KC Care Clinic
Mother & Child Health Coalition
Northland Neighborhoods, Inc.
Samuel U. Rodgers Health Center
Westside Housing Organization
Legal Aid of Western Missouri
Kansas Legal Aid
Children's Mercy-Integrated Care Solutions
Center School District
Asthma Ready Communities

2) Surveyor Contact Information*

First Name:

Last Name:

Email Address:

Phone Number:

3) Date One Touch KC survey completed*

About Your Household

4) Homeowner ?*

Yes

No

5) Household Language (check all that apply)

English

Spanish

French

Somali

Nepali

Other - Write In (Required): *

6) Household Demographics (check all that apply) (for referral eligibility and grant tracking)

Children 6 years old and under

Children 7-18 years

Adults 19-64

Adults 65 years and older

Disabled household members

Pregnant woman

7) Do any people of the following ages live at your home? (check all that apply) (for referral eligibility and grant tracking)

Children 6 years old and under

Children 7-18 years

Adults 65 years and older

Disabled household members

Pregnant woman

8) Ethnicity (for grant tracking and fundraising)

White / Caucasian

Hispanic / Latino

Black / African American

Asian

Pacific Islander

Native American

Mixed Race

Other - write in required: *

Prefer Not to Answer

9) Do any veterans live at this address? (for referral eligibility and grant tracking)

Yes

No

10) Do you qualify for public benefits? (for referral eligibility and grant tracking)

Yes

No

11) Does anyone in the household receive public benefits? (check all that apply)

This will help in making good referrals. You are not required to ask clients

Earned Income Tax Credit (EITC)

Food Stamps

Low Income Weatherization (200% of federal poverty level) from Community Action Agency in

Missouri

Medicaid

Subsidized housing (section 8 or public)

TAN IF

Utility Assistance

WIC

Likely to qualify for low income programs, explain (Required):: *

Other - if volunteered by client: *

12) Type of home*

Single family

Multi-family 2-4 units

Multi-family 1-5 units

Mobile home

Health

13) Does anyone in the home want help getting a primary care doctor?

Yes

No

14) Does anyone in the home want health insurance information?

Yes

Yes and older than 65 years

No

15) 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?

Often True

Sometimes True

Never True

16) Are there concerns with transportation for food, medical care including prescriptions, or work? – [Referral for Medicaid for medical purposes, mobile food trucks]

Yes

No

17) Are you interested in talking with someone about asthma and home conditions that can make asthma worse?

Yes

No

18) Tobacco or nicotine in the household

Does anyone in the family use tobacco or nicotine products?

Yes

No

Prefer not to answer

Is anyone interested in smoking cessation programs which can provide phone support, nicotine patches, and other services?

Yes

No

Smoker contact information for Quitline*

Smoker name (first last):

Best phone number to reach client:

Can Quitline leave a message:

Best time to call:

19) Do any household members experience any of the below conditions?

Children under 6 years not yet tested for lead

Children with an elevated lead blood level

Energy, Heating, Electrical

20) Was your home ever weatherized by the Low Income Weatherization Program after Sept 30th 1994?

(If no, can refer for weatherization services)

Yes

No

21) Do you feel comfortable in your house during summer? (If no, refer for weatherization services)

Yes

No

22) Do you feel comfortable in your house during winter? (If no, refer for weatherization services)

Yes

No

23) Are there any energy use, heating or cooling concerns in the home? Check all that apply. (If yes to any item, refer for weatherization services)

No energy use, heating or cooling concerns

Use electric space heater frequently

Use oven to heat home

Gas or electric service disconnected

Furnace or AC unit not working. If yes, why?: *

Other - write in required: *

24) Does your household have high electric or gas bills, or do you need help paying your bill?

Yes

No

I don't know

Healthy Homes

25) Year your home was built, if known (pre-1978 homes may have lead and asbestos risks)

Pre 1950

1950-1978

1979-present

26) Is there any chipping or peeling paint in the home?

Yes. Location of peeling paint:: *

No

27) Are any windows cracked, broken, not working, or leaking air or moisture?

Yes

No

28) 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 suspect mold

Standing water

Musty smell

Water stains on ceilings or walls

Gutters building up water or clogged

Other - Write In: *

29) 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

Rats

Bed bugs

Other - Write In (Required): *

Home Safety

30) 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 alarm

No working carbon monoxide alarm

Exposed electrical wiring

Stairs or porch steps has missing or broken handrail

Windows or doors in home don't open for exit

Dryer is NOT vented to the outside

Significant clutter (falling hazard)

Hot water heater is leaking

Hot water heater temperature set above 120 deg. (Client education, no referral)

Other - Write In (Required): *

31)

In homes with children under 19 years, are any of the below present ?

Injury risks – shelves, dressers or televisions not secured to the wall

Lack of safe sleeping environment – no crib, no safe bed

Unsecured weapons visible

32) Is there a need for grab bars, ramps, or other fall prevention repairs?

(Refer for Housing Repair)

Yes

No

Referrals and Comments

33) Referrals needed*

Yes

No

34) Referral region*

Kansas

Missouri

35) Referrals for households in Missouri*

Asthma education & resources : City of Kansas City, MO Health Department

Asthma education & resources and asthma health care : Children's Mercy Kansas City

Car seat install : Mother & Child Health Coalition

Fall prevention assessment & repairs : Northland Neighborhoods, Inc (North of River)

Fall prevention assessment & repairs : Westside Housing (South of River)

Health navigation & health insurance : KC Care Clinic

Healthy housing repairs (low income) : Northland Neighborhoods, Inc. (North of River)

Healthy housing repairs (low income) : Westside Housing Organization (South of River)

Healthy homes education : City of Kansas City, MO Health Department

Healthy Homes education and assessments : Children's Mercy Kansas City

Healthy Homes education and assessments : Community Action Agency of Greater Kansas City

Healthy Housing Repairs: Community Action Agency of Greater Kansas City

Lead education & resources and lead testing : City of Kansas City, MO Health Department

Lead education & resources and lead testing : Children's Mercy Kansas City

Lead remediation : City of Kansas City, MO Health Department

Medical (children) : Children's Mercy Kansas City

Rat baiting & pest education : City of Kansas City, MO Health Department

Safe sleep education : Mother & Child Health Coalition

Support for mothers, children, pregnancy : Mother & Child Health Coalition

Utility assistance and emergency utility assistance : Family Support Division – LIHEAP, 573-751-8980

Weatherization : Community Action Agency of Greater Kansas City

Help with legal questions: Legal Aid of Western Missouri

36) Referrals for households in Kansas*

Asthma education & resources : Community Health Council of Wyandotte County

Asthma education & resources and asthma health care: Environmental Health at Children's Mercy Kansas City

Car seat install : Mother & Child Health Coalition

Health navigation & health insurance : Community Health Council of Wyandotte County

Healthy homes education : City of Kansas City, MO Health Department

Healthy Homes education and assessments : Environmental Health at Children's Mercy Kansas City

Help with legal questions: Kansas Legal Aid

Lead education & resources and lead testing : Health Dept., Unified Govt. of WYCO

Lead education & resources and lead testing : Environmental Health at Children's Mercy Kansas City

Lead remediation : Community Development, Unified Govt. of WYCO

Medical (Children) : Children's Mercy Kansas City

Rat baiting & pest education : Unified Govt. of WYCO
Safe sleep education : Mother & Child Health Coalition
Support for mothers, children, pregnancy : Mother & Child Health Coalition
Healthy housing repairs (low income) : Community Development, Unified Govt. of WYCO

37) Is the household environment safe for home visitors to enter and work with the residents?*

Yes

No. Provide explanation or phone number with request to anyone receiving this referral to call you:

*

38) Comments:

Please tell us of any home conditions that might pose risks to organizations serving the family.

For example: sewage back-ups, poor sanitation, hoarding, pet feces, aggressive pet(s), dangerous stairs/steps

Consent: Authorization to Share Information

39)

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 survey to release the information collected about my household and any resource needs to the organizations identified as appropriate referrals in the “Resource Referral Guide” provided.

I further understand that a representative from one of the resource organizations identified may contact me directly to determine eligibility for resources and services, if I, or my family, is eligible. I understand that my participation in this survey will not impact my ability to receive services from any program conducting the One Touch KC Survey.

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 the organization that undertook 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 originally discussed the One Touch KC resource referral survey with me.

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

I agree. By electronic signature.

I agree. Home visitor has signed copy of consent.

I decline

Household contact information

41) Household Contact Information

Phone Number:

First Name*:

Last Name*:

Email Address:

Street Address*:

Apt/Suite/Office:

City*:

State*:

Zip:

42) Property Owner Contact Information

First Name*:

Last Name*:

Company Name:

Street Address:

Apt/Suite/Office:

City:

State:

Zip:

Country:

Email Address:

Phone Number*:

Fax Number:

Mobile Phone:

URL:

Submit Survey

43) Almost done. Do you want to start a new survey after submitting this one?*

Yes

No