# Kentucky Childhood Lead Poisoning Prevention Program (KYCLPPP)

# Home Visit Form

## **Complete for all confirmed EBLLs of 3.5 µg/dL and higher.**

## The CLPPP nurse case manager is responsible for reviewing, signing, and submitting the completed form to KYCLPPP.

**Part 1**

Completed by phone or in-person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_\_\_

Signature/Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Information

Health Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County FIPS: \_\_\_\_\_\_\_\_\_\_\_

Patient’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Healthcare Provider

 Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this the patient’s medical home?  Yes  N

Indicate any related medical treatment, including physician, hospital visits and chelation therapy. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Patient Testing and Results** \*Type: Capillary (C) or Venous (V)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date** | **\*Type** | **Provider** | **Result** |
|  |  |  |  | µg/dl |
|  |  |  |  | µg/dl |
|  |  |  |  | µg/dl |
|  |  |  |  | µg/dl |

**Please complete for the patient’s previous 12 months of housing:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates**mo/yr - mo/yr | **Address** | **Age of Dwelling** | **General condition of dwelling (including any remodeling/renovation, chipping/peeling paint):** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**How many people live in patient’s household by age?**

* Children < 6 years? Number: \_\_\_\_\_\_\_\_\_\_  Children age 6 and over? Number: \_\_\_\_\_\_\_\_\_\_
* Adults age 18-64? Number: \_\_\_\_\_\_\_\_\_\_  Adults age 65 and over? Number: ­­­\_\_\_\_\_\_\_\_\_\_

Does anyone in the home smoke?  Yes  No Do visitors smoke in the home?  Yes  No

Has anyone been diagnosed with Asthma that lives in the home?  Yes  No Age: \_\_\_\_\_\_\_\_\_

Any Emergency room visits or hospitalizations for Asthma in the last year?  Yes  No

In the last 6 months, has any child had an injury/accident in the home that resulted in medical care?

* Yes  No Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Child Behavior:** Provide education based on responses.

|  |
| --- |
| Where does the child play outdoors? |
| Surface type in outdoor play area: |
| *If bare soil, encourage parents to avoid bare soil as a play area. Rotate swing sets/toys as needed.* |
| Does the play area have any refuse, old automobiles, or old buildings?  Yes  No |
| *If yes, describe:* |
| What kinds of objects does the child put in their mouth? |
| Does child have a favorite ceramic, metal or painted cup or eating utensil?  Yes  No |
| *If yes, describe:* |
| Are any of the child’s toys painted?  Yes  No |
| *If yes, describe:* |
| Does the child take baths in a porcelain bathtub that is chipping/peeling?  Yes  No |
| Does the child regularly wear bracelets or necklaces (jewelry can contain lead)?  Yes  No |
| *If yes, encourage controlled access to jewelry to avoid ingestion.* |

**Other Household Risk Factors:** Provide education based on responses.

|  |
| --- |
| Does the family use any home remedies/herbal treatments/imported products?  Yes  No |
| *If yes, describe:* |
| Does the family use any imported cosmetics (such as kohl/kajal eyeliner or henna)?  Yes  No |
| *If yes, describe:* |
| Does anyone in the family use hair dyes (some hair dye can contain lead acetate)?  Yes  No |
| *If yes, describe:* |
| Does the family use any pottery to prepare or store food (some pottery/glazes can contain lead)?  Yes  No |
| *If yes, describe:* |
| Are any acidic liquids stored in metal, pewter, or crystal containers?  Yes  No |
| *If yes, describe:* |
| Does the family use any imported canned items or products?  Yes  No |
| *If yes, describe:* |
| Are shoes removed at door before entering home and inaccessible to small children?  Yes  No |
| *If no, explain the importance of keeping dust out of the home (mainly from occupational and hobby sources).* |

**Childcare Information:**

Is the child cared for away from the home (daycare, family members, friends, church, etc.)?  Yes  No

*If yes, describe:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Name/ type of relation** | **Address** | **Hrs/week** | **General condition of structure** |
|  |  |  |  |

Additional potential sources identified:

**Family Member Occupational Information:**

1. Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupational & Hobby Exposures:** Ask guardians about each activity.

|  |  |  |
| --- | --- | --- |
| **Work** | **Hobbies** | **Potential Lead Exposures** |
|  |  | Remodeling, renovating, or repairing homes or buildings |
|  |  | Plumbing |
|  |  | Using paint remover/chemical stripper |
|  |  | Repairing/recycling radiators |
|  |  | Melting metal for reuse (smelting) or pouring molten metal (foundry) |
|  |  | Welding, burning, cutting, or torch work |
|  |  | Auto body repair or auto mechanic work |
|  |  | Working with batteries (making, salvaging, or recycling) |
|  |  | Making or splicing cable or wire |
|  |  | Building, repairing, or painting ships/boats/trains |
|  |  | Working with stained glass or at a glass factory |
|  |  | Working at an oil refinery or a chemical plant |
|  |  | Working at or visiting a firing range |
|  |  | Making or reloading ammunition or explosives |
|  |  | Making or using fishing sinkers |
|  |  | Making paint or pigments/using artist paints |
|  |  | Making or repairing jewelry |
|  |  | Making, painting, or glazing pottery |

Other occupational or hobby exposures not listed:

**Education to be covered with the parents/guardians:** Check each section addressed. ✓

|  |  |
| --- | --- |
| Review what lead is, where it can be found, why it is harmful and possible types of exposure for children (lead based paint in pre-1978 housing, occupational/hobby exposures, imported foods and goods etc.). |  |
| Explain what an **elevated blood lead level** means and why it is especially harmful for small children. |  |
| Explain the importance of **monitoring blood lead levels** to make sure interventions and education are working and detail expected follow-up testing recommendations. |  |
| Address needed **dietary changes** (Calcium, Iron, Vitamin C rich foods) to help inhibit the absorption of lead inthe body. |  |
| Review **prevention through handwashing**: Encourage washing the child’s hands frequently, before meals, after playing outside and before bed to prevent lead on the hands from being ingested. |  |
| Explain **house-cleaning techniques** (damp dusting, non-abrasive cleaning of surfaces with lead based paint, eliminating friction surfaces etc.) for pre-1978 homes with deteriorating paint. |  |
| Discuss **restricting access** to areas with chipping/peeling paint if applicable (blocking an area with furniture, placing the child in the center of the room on a blanket etc.). |  |
| Discuss keeping the **child’s play area** clean, wiping of the child’s toys frequently to remove lead dust, and placing their toys in a clean and covered tote. |  |
| If the family has an **occupational/hobby exposure** to lead, discuss prevention techniques: changing clothes, shoes, and hats at work when possible, keeping shoes outside and inaccessible to the child and otherinterventions that keep lead dust from entering the home and vehicles. |  |
| If the family plans to **perform renovations** themselves, direct them to the EPA’s guide to lead-safe renovations (can be found on EPA’s website by searching renovate right). |  |
| Explain that blood lead levels **greater than or equal to 15μg/dL** require a more in-depth investigation known asa risk assessment. This is where dust wipes, paint samples, soil samples and possibly water samples will be collected to determine the presence of lead. |  |

Educational information distributed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Additional notes:

**Signature/Credentials Providing Education**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_\_

**Part 2: Property Information**  This portion must be completed in-person.

## Date of investigation: \_\_\_/\_\_\_/\_\_\_\_

|  |
| --- |
| Address: |
| Estimated construction date: |
| Is the home owned or rented? | Are there any subsidies?  Yes  No |
| Type of Subsidy:  Section 8  Federal Rent Subsidy  Other |
| *If other, describe:* |
| Any renovations:  Yes  No  Unknown | Move in date: / / |
| *If yes, describe:* |
| Property owner name: | Phone: |
| Address: |
| When the family took up residence at the home (**own or rent**) were they provided with any education on lead based paint?  Yes  No  Unknown |

Supplemental Address: Use this section for additional addresses the child frequents.

|  |
| --- |
| Address: |
| Estimated construction date: |
| Is the home owned or rented? | Are there any subsidies?  Yes  No |
| Type of Subsidy:  Section 8  Federal Rent Subsidy  Other |
| *If other, describe:* |
| Any renovations:  Yes  No  Unknown | Move in date: / / |
| *If yes, describe:* |
| Property owner name: | Phone: |
| Address: |

Basic Structural Information:

|  |  |
| --- | --- |
| Basement?  Yes  No  Unknown | Attic? Yes  No  Unknown |
| Concrete foundation?  Yes  No  Unknown | Dirt floor in basement?  Yes  No  Unknown |
| Any additions?  Yes  No  Unknown | Number of Bedrooms: |
| Signs of water damage?  Yes  No  Unknown | Number of Bathrooms: |
| Any major structural problems? *(Check all that apply)** Large cracks  Holes in wall  Holes in floor  Holes in ceiling
* Sagging floor  Sagging ceiling  Walls bowed  Walls out of plumb  None
 |
| Is home clean and free of clutter?  Yes  No  Unknown |
| Is the home cleaned regularly?  Yes  No  Unknown |
| Source of drinking water: | Location of drinking water faucets? |
| Is the hot tap used to prepare food or drinks?  Yes  No  Unknown |
| *If yes, discourage using the hot tap for food/drinks to avoid ingesting lead particulate matter that can accumulate in hot water heaters.* |
| Approximate distance of the home from the nearest street: |
| Any lead industries near the home?  Yes  No  Unknown |
| *If yes, describe:* |

|  |
| --- |
| Any nearby buildings or structures being renovated or demolished?  Yes  No  Unknown |
| *If yes, describe:* |
| Any new plumbing/pipes in the last 5 years?  Yes  No  Unknown |
| Lead service pipe?  Yes  No  Unknown |
| Any areas of bare soil?  Yes  No  Unknown |

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Visual Assessment:** Please mark any areas that have chipping or peeling paint with an x in the table below.

**Exterior:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Room** | **Doors** | **Door Frame** | **Window** | **Window Frame** | **Walls** | **Baseboard** | **Other Trim** | **Floor** | **Floor Type** |
| Front Porch |  |  |  |  |  |  |  |  |  |
| Back Porch |  |  |  |  |  |  |  |  |  |
| Front of House |  |  |  |  |  |  |  |  |  |
| Left Side |  |  |  |  |  |  |  |  |  |
| Right Side |  |  |  |  |  |  |  |  |  |
| Back of House |  |  |  |  |  |  |  |  |  |
| Garage |  |  |  |  |  |  |  |  |  |
| Outbuilding |  |  |  |  |  |  |  |  |  |

**Interior:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Room** | **Doors** | **Door Frame** | **Window** | **Window Frame** | **Walls** | **Baseboard** | **Other Trim** | **Floor** | **Floor Type** |
| Living Room |  |  |  |  |  |  |  |  |  |
| Kitchen |  |  |  |  |  |  |  |  |  |
| Dining Room |  |  |  |  |  |  |  |  |  |
| Den |  |  |  |  |  |  |  |  |  |
| Study |  |  |  |  |  |  |  |  |  |
| Bathroom 1 |  |  |  |  |  |  |  |  |  |
| Bathroom 2 |  |  |  |  |  |  |  |  |  |
| Bathroom 3 |  |  |  |  |  |  |  |  |  |
| Bedroom 1 |  |  |  |  |  |  |  |  |  |
| Bedroom 2 |  |  |  |  |  |  |  |  |  |
| Bedroom 3 |  |  |  |  |  |  |  |  |  |
| Bedroom 4 |  |  |  |  |  |  |  |  |  |
| Bedroom 5 |  |  |  |  |  |  |  |  |  |
| Enclosed Porch |  |  |  |  |  |  |  |  |  |
| Basement |  |  |  |  |  |  |  |  |  |

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature/Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_\_\_

 Signature/Credentials of Nurse/CLPPP Nurse Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_/\_\_/\_\_\_\_

# Part 3 (Optional): Healthy Homes Addendum

Use this section to assess safety of the home to connect the family to other programs at your health department.

**Mold (Y/N) (Y/N)**

|  |  |  |  |
| --- | --- | --- | --- |
| Any visible mold? |  | Any musty odors anywhere in the home? |  |
| Any signs of water damage that may be contributing to mold? |  | Is anyone experiencing asthma or allergy symptoms in any areas of the house? |  |

**Fall and Choking Hazards:**

|  |  |  |  |
| --- | --- | --- | --- |
| Are blinds present? |  | Are cords secured out of child’s reach? |  |
| Any broken or missing stairs? |  | Are coverings on stairs firmly attached? |  |
| Are stair railings present and secure? |  | If necessary, are stair gates present/functioning properly? |  |
| Is stair lighting adequate? |  | Any other potential trip hazards? |  |

**Smoke/Carbon Monoxide Hazards:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is a smoke alarm present? |  | Is it operational? |  | Are batteries changed regularly? |  |
| Is a carbon monoxide alarm present? |  | Is it operational? |  | Are batteries changed regularly? |  |
| Is a fire extinguisher present? |  | Do homeowners know how to use the extinguisher? |  |
| Does the home contain any unvented combustion appliances? |  | If so, which ones? |
| Is a garage attached to the house? |  |

**Electrical:**

|  |  |  |  |
| --- | --- | --- | --- |
| Any exposed wiring? |  | Any missing electrical outlet covers? |  |
| Concerns about extension cords? |  | Are tamper-resistant outlet covers used in areas with young children? |  |

**Pest Management:**

|  |  |  |  |
| --- | --- | --- | --- |
| Any evidence of cock roaches? |  | Any evidence of rodents? |  |
| Any evidence of bed bugs? |  | Are exterior trash cans covered? |  |
| Are there areas of standing water? |  | Any holes in the house that pests can enter through? |  |

**Radon:**

|  |  |  |  |
| --- | --- | --- | --- |
| Has the home ever been tested for Radon? |  | If above 4, was the home mitigated? |  |

**Poisonings:**

|  |  |  |  |
| --- | --- | --- | --- |
| Can children reach storage areas for chemicals, pesticides, paints, cleaning supplies or medications? |  | Do these areas have a childproof lock? |  |
| Are plants accessible to a child? |  | Is the family aware of the poison control hotline number? |  |

**Referrals to Other Agencies:**

|  |  |
| --- | --- |
| **Agency** | **Reason** |
|  |  |
|  |  |
|  |  |

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature/Credentials completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_/\_\_/\_\_\_\_