**Healthy Homes Healthy Kids Pre-Enrollment Form**

SCHC Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Tenants who live in property owned by the Philadelphia Housing Authority are not eligible for the program. (Section 8 housing is permitted) Please begin by asking:

#### Do you live in a property owned by the Philadelphia Housing Authority? \_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No

If YES: Please explain that tenants in properties owned by PHA are not eligible under this program and discontinue interview. If NO: Continue completing this pre-enrollment form

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your relationship to the child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best contact phone: ( ) - Alternate Phone: ( ) -

Best times to call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does this child reside at this address four (4) or more nights a week? \_\_\_\_Yes \_\_\_\_\_No

2. Do you plan for your child to continue to receive medical care for his/her

asthma at St Christopher’s Hospital? \_\_\_\_Yes \_\_\_\_\_No

3. What is your family size?\_\_\_\_\_\_\_\_ # Adults\_\_\_\_\_\_\_\_\_\_\_ # Children\_\_\_\_\_\_\_\_\_\_

(Family size means anyone who lives in your household and depends on this household income)

4. Based on your family size is your household income less than the amount listed in the chart below:

|  |  |
| --- | --- |
| **Family Size** | **Annual Income is less than:** |
| 1 person | $45,450 |
| 2 people | $51,950 |
| 3 people | $58,450 |
| 4 people | $64,900 |
| 5 people | $70,100 |
| 6 people | $75,300 |
| 7 people | $80,500 |
| 8 people | $85,700 |

\_\_\_\_Yes \_\_\_\_No

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5. Does the child have health insurance: Yes / No

If yes: (circle): MA or Medicaid / CHIP / Private health Insurance / Other

If MA/Medicaid, name of insurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Do you own the house you live in? (If yes, skip 6, and 7) \_\_\_\_Yes \_\_\_\_\_No

**If you rent:**

1. a. How long have you lived at this address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Do you plan to stay at this address for the next 12 months? \_\_\_\_Yes \_\_\_\_\_No

8. Are you willing to give permission for your landlord or the person who owns

where you live to be contacted for free inspection and repair? \_\_\_\_Yes \_\_\_\_\_No

**For Renters**:

Name of Property Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone numbers: Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or check here if information is not available at this time.\_\_\_\_\_\_\_\_\_

For All Applicants

Note this question does not determine eligibility but will help determine if the family is eligible for free weatherization:

Do you know if your home was ever selected to receive Weatherization from PGW (new thermostat, pipe wrapping, replacement heater, etc.)? \_\_\_\_Yes \_\_\_\_\_No \_\_\_\_ Not Sure

NOTES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Healthy Homes Healthy Kids**

**Agreement for Information to be Shared**

I would like more information about signing my child up for the Healthy Homes Healthy Kids Program run by the City of Philadelphia Department of Health.

I give permission for **St Christopher’s Hospital for Children** to share information about the medical care provided to my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the **City of Philadelphia, Department of Public Health** so my child can be part of the **Healthy Homes Healthy Kids Program**. As part of this program, the City of Philadelphia may give my name, and address to PGW and Philadelphia Housing Development Corporation to see if I can sign up for free weatherization and basic systems repair services.

I know that at any time I can change my mind and tell St Christopher’s Hospital in writing that I no longer want them to share my child’s health information with the City of Philadelphia, Healthy Homes Healthy Kids Program.

After one year from today St Christopher’s Hospital can no longer share my child’s health information with the City of Philadelphia unless I sign another agreement.

I understand my child will keep getting care at St. Christopher’s Hospital whether or not I sign this agreement. I know that I can ask any questions of my child’s doctor.

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

Name of Parent/Guardian Signature Date

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

Witness Name Signature Date

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