

Instruction to the Providers for Referral to a Healthy Homes Assessment and Intervention And Service Expectations

The Richmond City Health District, Lead-Safe & Healthy Homes Initiative (LSHHI) is accepting provider referrals for the Healthy Homes Assessment and Environmental Intervention services.

The service described below is provided free of charge to your patients who are residents of City of Richmond. Patients who reside outside of the Richmond City proper can receive this service but will be subject to a service fee. Please use the ***Referral Form*** to make the referral. Your patient should understand the reason for the referral, has been given the ***Healthy Homes Program Brochure***, and has given his/her consent for the service. Please make sure that the patient information is completed and that you share with us your specific concerns and outcome expectations.

You may fax the referral to LSHHI per the instruction on the form. We will contact your patient to schedule a Healthy Homes Assessment within 3 business days of the receipt of the referral form.

Service Expectations

Your patient can expect a home visit from our Healthy Homes Specialist or a Community Health Worker; and this visit will include intake questions; observation on the utilization of space; home assessment for hazardous or potential housing conditions that can exacerbate existing health condition or lead to other illness or injury; and limited environmental sampling. A major component of the visit is the client education - understanding the relationship between the health of the occupants, the housing conditions, and the choices an individual made on the utilization of his living spaces. If your client lives in a rental property, the visit will also provide education pertaining to tenant rights and responsibilities. An intervention under this service can be education; provision of low-cost materials to enable interim control or prevention of hazardous condition; consent communication with the client's landlord or physicians, consent-referral to other private/public sector assistance such as housing rehab, acquisition or installation of safety equipment, other medical assistances or social services, integrated pest management, environmental remediation, building code inspection and enforcement, legal aid, temporary housing or permanent relocation, etc. Most cases will be monitored between six months to a year and will receive up to 6 follow-up visits. We will work with your clients to derive a feasible and sensible action plan and that they will be empowered to work towards problem solution.

We welcome your continuous involvement in this referral and will provide you a written summary Findings.

Note: *If, after two weeks of unsuccessful attempts to contact your client to schedule a Healthy Homes Assessment, we will let you know that your referral will become inactive. After 6 weeks of inactivity, we will close the referral.*



Referral for Healthy Homes Assessment

RICHMOND CITY HEALTH DISTRICT



Please FAX Referral to: Yvonne Johnson, Case Coordinator, Lead Safe and Healthy Homes Initiative
Fax: (804) 371-2207

Provider Name: _____
& Practice _____

Patient's Name: _____ DOB: _____ Gender: _____

Parent/ Guardian: _____ Phone No: _____

Patient's Address: _____

Client's Medicaid /FAMIS # (if applicable) _____

Medicaid HMO Name: _____ HMO Number: _____

I have received information from the physician about the referral and given my consent to have my physician share my medical records for the purpose of this referral and to be referred to the Richmond City Health District (RCHD) Lead-Safe & Healthy Homes Initiative for a Healthy Homes Assessment and applicable intervention.

(Patient's / Guardian Signature) Date: _____

Physician's Reason For Concern: *(include applicable diagnosis, lab results, allergies, etc.)*

Date: _____ By: _____
(Name and Signature of Authorizing Individual)

Provider's Phone: _____ Fax: _____