

Init: _____

HKC Lead Remediation Program

Occupant Intake and Application

Date: _____

Property ID: _____ Unit ID: _____
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Occupant Information:

- Name: _____
- Address: _____ 3. Apt./ Unit _____
- City: _____ 5. State: _____ 6. Zip Code: _____
- Home Phone #: _____ 8. Cell Phone #: _____
- Work Phone #: _____
- Which is the best number to call to reach you? (Check one) ___ Home ___ Cell ___ Work
- What is your email address? _____
- What is the best time and day to reach you?
 ___ morning (8am-12pm) ___ afternoon (12pm-5pm) ___ evening (6pm -9pm)
- How did you hear about this program? (*check all that apply*)

<input type="checkbox"/> advertisement	<input type="checkbox"/> recruitment event
<input type="checkbox"/> 3 hour lead hazard mitigation seminar	<input type="checkbox"/> colleague or friend
<input type="checkbox"/> 8 hour lead safe renovator/ remodeler course	<input type="checkbox"/> outreach worker called
<input type="checkbox"/> referral from a municipality or agency	<input type="checkbox"/> outreach worker came to your property
	<input type="checkbox"/> Other: _____
- What is your marital status? ___ Married ___ Divorced ___ Widowed ___ Single
- How many people live in the household? _____
- How many adults over 18 years old work in the household? _____
- What is the overall income of the household? (*the combined income of all adults over 18 who live in the house*): \$ _____ dollars (___ Weekly, ___ Monthly, or ___ Yearly) - *check one*

For Internal Use Only: 24. Is the household income below the listed levels?

(*Check below and circle household income.*)

___ Yes ___ No ___ Unknown

25.	1 person household	2 person household	3 person household	4 person household	5 person household	6 person household	7 person household	8 person household
	\$41,000	\$46,850	\$52,700	\$58,550	\$63,250	\$67,900	\$72,600	\$77,300

26. For income verification we have: (<i>check any</i>) ___ pay stubs (3 consec.) ___ tax return ___ pre-verified with another program: ___ cash affidavit ___ no income affidavit ___ Other: _____



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18. How long have you lived at this property? _____ years or _____ months
19. Do any of the occupants receive a Section 8 voucher?
 _____ yes _____ no _____ unknown
20. Are there any children under the age of six living in the home?
 _____ yes _____ no _____ unknown
21. Are there any pregnant women living in the home?
 _____ yes _____ no _____ unknown
22. Have any of the children been diagnosed as lead poisoned (as having an elevated blood lead level)?
 _____ yes _____ no _____ unknown

23. Please complete the following for **all occupants of the house** (*lead level information need only be filled out for children under 6*). Please list oldest occupants first:

First	Last	Age	Date of Birth	Sex	Race/ Ethnicity* (optional)	Lead blood level**	Lead test date

*Race/Ethnicity: W=White, B=Black, H/L=Hispanic/Latino, N=Native American or Alaskan Native, A=Asian or Pacific Islander, O=Other. You are not required to furnish this information. The law provides that we may neither discriminate on the basis of this information, nor on whether you choose to furnish it.

Elevated Blood Level: You are required to furnish this information (a lead test level no older than 6 months to one year pursuant to RI Regulations) for children under 6 years old. We will ask you to sign a release form to obtain the information from the Department of Health. If you need to have your child tested, please schedule a blood test with the child's primary health care provider (if possible) or with one of the following **free lead testing sites for uninsured children: **Hasbro Children's Hospital Lead Clinic** 444-7989; **Memorial Hospital Lead Clinic** 729-2582; **St. Joseph Hospital Lead Clinic** 456-4359; **Thundermist Health Center of Woonsocket** 767-4100.

Signatures:

I have read and completed the information above. I certify that the information provided in this document is complete and accurate. **I understand that my failure to provide complete and accurate information may lead to my permanent disqualification from the program.**

 Head of Household Signature

 Date

 Head of Household [Print Name]



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Occupant Information and Agreement Form

Please read the following, initial where appropriate and sign at the bottom.

You have applied to participate in the Healthy Kids Collaborative (HKC) Lead Remediation Program. In order to qualify, an information form and agreement form must be submitted for each occupant (head of household). An initial lead assessment will be done in your unit by a West Elmwood Housing Development Corporation (WEHDC) or Blackstone Valley Community Action Program (BVCAP) staff person. Once approved into the program, a Rhode Island (RI) Environmental Lead Inspector (ELI) will assess the home (a comprehensive inspection) then a CLEARCorps RI or Realty Endeavors for Affordable Community Housing (REACH) crew will remediate the identified lead hazards. Finally, your unit will receive an inspection for lead hazards and a post inspection to insure it is lead safe after work is completed.

Benefits of this Program:

By participating in this program, my family will receive the following benefits:

- All qualifying units (apartments or houses) will receive a State of Rhode Island Lead Safe Certificate;
- Enrolled units will receive an inspection for lead hazards and a post inspection to insure they are lead safe after work is completed;
- CLEARCorps USA participating organizations – WEHDC, CLEARCorps RI, or REACH – will fix lead hazards in each unit according to federal and state laws;
- During the work phase, residents must be out of the unit. The program will give them financial help to do this;
- In accordance with RI Regulations, rent will be pro-rated for the time out of your unit (over 3 days);
- Families in the program will learn how to keep their children safe from lead poisoning and their unit safe from lead hazards;
- Families in the program will receive a lead education package that provides information and answers questions on lead poisoning prevention;
- The program will refer participating families to resources for additional education on lead safety, blood testing, or other associated services.

Program Requirements:

I understand that my home / unit will have lead hazards identified by an approved RI Certified Environmental Lead Inspector and that lead hazard remediation and lead cleaning will be completed by WEHDC / REACH staff. As a condition of my participation in the HKC Lead Remediation Program, I know that the **property owner has agreed to:**

- Provide a complete application with consent forms to complete the work according to program requirements;
- Allow for a lead assessment of my home or unit according to the protocols of the program;
- Reduce all lead hazards to a lead-safe level in my home or unit according to the results of inspection;
- Pro-rate my rent for the time that I am out of the unit (over three days);

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- Maintain the current rent with no more than a 3% increase for three consecutive years (from enrollment in the program);
- Allow for a lead inspection in my home 12 months after lead hazard reduction has occurred.

(please initial) _____

As a condition of my participation in the HKC Lead Remediation Program, **I, as the occupant, agree to:**

- Provide a complete application;
- Provide current information and documentation regarding income verification;
- Provide access to results of blood tests (no more than 12 months old, in accordance with RI regulations) for children under 6 in the home. (If there are no current tests, we will refer you for testing);
- Prepare my living space for workers to complete remediation of lead hazards (see below);
- Relocate during the lead remediation of my home (see below) and remain out of the unit until cleared by a certified inspector (ELI) and contacted by CLEARCorps;
- Read education materials regarding lead-safety and maintaining lead safety in the home;
- Complete a satisfaction survey 2-4 weeks after work is complete;
- Agree to participate in a follow-up interview, survey, or focus group.

(please initial) _____

Relocation during Lead Hazard Reduction

During the lead hazard reduction and cleaning of my dwelling, I understand that my family will vacate the unit for the time it takes for work to be completed and the inspection to deem the unit lead safe (usually 5 to 10 days). During this time, I will be prohibited from re-entry until all the work is completed. Staying out of the unit is essential to prevent recontamination and to help insure the unit will pass the final inspection.

As an occupant during lead hazard reduction, I agree to:

- **Vacate my apartment on the day(s) the lead hazard reduction work and cleaning is taking place until a final (clearance) inspection proves the house is safe for re-entry.**

(please initial) _____

Package and Storage of Items During Lead Remediation

I understand that I will be responsible for packing and storing personal items and movable objects in all rooms that will be receiving lead hazard reduction. Personal items and movable objects include, but are not limited to: all items on furniture or shelves, jewelry and knickknacks.

(please initial) _____

(Please read and sign Relocation Form)

Limitation of Liability

The occupant agrees to remove or secure any cash or valuables before the WEHDC CLEARCorps staff enters the dwelling unit. In no event shall CLEARCorps USA, CLEARCorps RI, West Elmwood Housing Development Corporation, REACH, Children’s Health Forum, the



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State of Rhode Island, the Rhode Island Attorney General, or its employees, agents, servants, and officials be liable to the occupant or any other person or entity for any damages, including but not limited to actual, consequential, incidental, indirect, multiple, punitive, or special damages, arising out of or relating to any loss or theft of such cash or valuables.

Fiscal Responsibility

I understand that the funding for this program is subject to appropriations by CLEARCorps USA.

Non-Liability for Personal Injuries

I will indemnify, defend, and hold CLEARCorps USA, CLEARCorps RI, West Elmwood Housing Development Corporation, REACH, Children's Health Forum, the State of Rhode Island, the Rhode Island Attorney General, and its officers, directors, employees, and agents harmless from and against any and all claims, demands, losses, costs, expenses, obligations, liabilities, damages, recoveries, and deficiencies including interest, penalties, reasonable attorneys' fees, costs of investigation and any legal or other expenses or costs incurred for injury or damage of any kind of persons or property occurring or arising during this program.

Questions

If I have any questions, I should call CLEARCorps RI at 401-228-6066.

Signatures

I have read and completed the information above. I certify that the information provided in this document is complete and accurate. I have read the information provided regarding lead hazard reduction and understand that my home will be inspected and treated for lead. During the time that remediation of lead hazards and cleaning work is being conducted on my unit, my family will vacate the unit for the full time required to remediate the work and gain clearance by a RI Certified Inspector. **Please enroll my property in the Healthy Kids Collaborative Lead Remediation Program. I have read and understand the requirements listed in this application. I understand that my failure to follow this agreement may lead to my permanent disqualification from the program.**

Head of Household/ Occupant

Date

Name (Print)

Property Address

Unit #

Home Telephone #

Work or Cell #



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Signatures, (continued)

Aesthetics: The Beauty of Your Home or Unit

The goal of the Healthy Kids Collaborative (HKC) Lead Remediation Program is to complete lead hazard reduction work to homes and units, in accordance with Rhode Island Regulations and lead safe work practices, in order to make the interior and/or exterior a lead safe space. In doing this work, licensed lead contractors will remediate lead hazards. They are concerned with the safety of the home or unit, not the beauty of a unit. The result of the work may leave areas of paint or doors mismatched. The HKC Lead Remediation Program is not responsible for matching paint or doors.

Paint

I understand that if there are any surfaces to be painted in the process of remediation that only the affected surfaces will be painted (surfaces where there were lead hazards) and will be painted in a neutral color with lead-free paint. This can stand as a final coat or, if desired, it can be a base to be painted over with a color that the owner or (in a agreement with the owner) the occupant chooses.

Doors

Doors that have been painted over many times may be a lead hazard, particularly if the door is providing a friction surface that could create lead dust. I understand that the HKC Lead Remediation Program will do whatever it can to use the doors that currently exist in the property while remediating an existing hazard. However, in the event that the door will be replaced, it will be replaced with a new, hollow-core, six panel door (or equivalent). It may not match the other doors currently existing in the home or unit. It will be the owner's responsibility, if he or she desires, to match the other doors to this replaced door. This program will only replace doors that present hazards.

Signatures

I have read and understand and agree to the information about paint and doors listed in this page. **Please enroll my property in the Healthy Kids Collaborative (HKC) Lead Remediation Program.**

Property Address

Occupant Signature

Date



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Unit Information Form

Last Name: _____
Address: _____
Date: _____

Property ID: _____
Unit ID: _____

- How is the unit named or numbered at the property? _____
- Which floor is this unit in the building? *(check one)*
 First Floor (A) Second Floor (B) Third Floor (C) Fourth Floor (D)
 Other _____ *(describe)*
- Is there more than one unit on this floor? yes no
- If there is more than one unit on the floor, describe which unit is the unit for enrollment:

(You can also use the back of this form to create a diagram if necessary).

- Is this unit currently occupied or vacant? occupied vacant
- What are the number of bedrooms in the unit?
 1 2 3 4 Other _____
- Does this unit house children under six years old? yes no
- Does this unit have a child under six that visits the home a significant amount of time?
 yes no *(If yes, please fill out Visiting Child Form)*
- What is the contact name of the occupant?
 9a. First: _____ 9b. Last: _____
- What is the contact number for the occupant? _____
- What type of number is this? home cell work
- What is the monthly rent? \$ _____
- What utilities are included in the rent? *(check all that apply)*
 electrical hot water heat utilities are not included

Occupant Signature

Date



HKC Lead Remediation Program

Please send completed applications to:

In Providence:

Carmen Lorenzo
Outreach Coordinator
Childhood Lead Action Project (The Project)
1192 Westminister Street
Providence, RI 02909
Ph: (401) 785-1310 ext. 202
Email: carmen@leadsafekids.org

**In Pawtucket, Woonsocket, or
Central Falls:**

Helga Ferreira
Outreach Coordinator
Blackstone Valley Community Action Program (BVCAP)
32 Goff Avenue
Pawtucket, RI 02860
Ph: (401) 723-4520 ext 260
Email: Helgagizel@hotmail.com