

TouchPoint - Blank TouchPoint



TouchPoint Name: 1 - New Family Information Baseline - Intake

Date: ____/____/____

Name:

Completed by:

Completed on behalf of:

Identifier:

Household Demographics

Date Family Information Baseline Completed

End Time

Household Demographics

Start Time

Total Time Spent

Report Prompts:

TouchPoint: 1 - New Family Information Baseline

Printed on: 11/3/16

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Issue level from the perspective of the participant

<input type="checkbox"/> Emergency
<input type="checkbox"/> Very Serious
<input type="checkbox"/> Serious
<input type="checkbox"/> Concerning

Have you ever received services for lead anywhere else?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Have you ever received services for asthma anywhere else?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Have you ever received services for weatherization anywhere else?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Participant Type

--

Report Prompts:



Does tenant receive rent support through HUD or subsidized housing?

Yes

No

Does tenant have an active lease?

Yes

No

Type of lease

Annual

Semi Annual

Month to Month

Is tenant current on rent payments?

Yes

No

How much is monthly rent?

\$

Report Prompts:



Is home owner current on mortgage payments?

Yes

No

How much is monthly mortgage?

\$

Referral Source

Reason for Referral (Please select all that apply)

Information

Asthma Education

Asthma Home Repair

Lead

Trip and Fall

Energy Efficiency

Notice of Defect

Report Prompts:



Services

<input type="checkbox"/> Education/Training
<input type="checkbox"/> Legal Services
<input type="checkbox"/> Case Management
<input type="checkbox"/> Housing/Relocation Assistance
<input type="checkbox"/> Lead Hazard Control
<input type="checkbox"/> Safety Repairs
<input type="checkbox"/> Weatherization

Please check other concerns:

<input type="checkbox"/> Chipping/Peeling Paint
<input type="checkbox"/> Mold/Moisture
<input type="checkbox"/> Pests
<input type="checkbox"/> Lead Hazards
<input type="checkbox"/> Plumbing
<input type="checkbox"/> Electrical
<input type="checkbox"/> Energy Conservation
<input type="checkbox"/> Structural Hazards
<input type="checkbox"/> Fall/Injury
<input type="checkbox"/> Roof
<input type="checkbox"/> No Heat
<input type="checkbox"/> Water Leaks
<input type="checkbox"/> Other

Report Prompts:

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If other please explain your concern

CaseNumber

FirstName

LastName

Address1

Address2

Report Prompts:



ZipCode

Household Asthma, EBLI, Income and other Summary.
More detailed information is captured in each family member area

Is there anyone pregnant who spends significant time in this household? (Rule: visits 8 hours or more per week)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Is anyone living in the household over the age of 65?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Does anyone living in the household have a disability?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

How many adults (age 18 and over) live in your household?

#

Report Prompts:



How many adults (ages 18 and over) living in your household have asthma?

#

How many adults (ages 18 and over) living in your household have Elevated Lead Level?

#

How many children live in your household (age 0-6)?

#

How many children (ages 0-6) living in your household have asthma?

#

How many children (ages 0-6) living in your household have Elevated Blood Level?

#

How many children live in your household (age 7-14)?

#

Report Prompts:



How many children (ages 7-14) living in your household have asthma?

#

How many children (ages 7-14) living in your household have Elevated Blood Level?

#

How many children live in your household (age 15-17)?

#

How many children (ages 15-17) living in your household have asthma?

#

How many children (ages 15-17) living in your household have Elevated Blood Level?

#

How many children under 6 do not live in your household, but spend more than 8 hours per week in your home?

#

Report Prompts:



REMOVE-Have any of the children living in your house ever been diagnosed with lead poisoning (age 0-17)?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

REMOVE-Have any of the children living in your house ever been diagnosed with Asthma (age 0-17)?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Approximate yearly household income (include all occupants)

\$

Additional Notes

--

Please add all children (ages 0-17 years old) first.

Report Prompts:



How many people are dwelling in this household not including the head of household?

<input type="checkbox"/> House is vacant
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> 5
<input type="checkbox"/> 6
<input type="checkbox"/> 7
<input type="checkbox"/> 8
<input type="checkbox"/> 9
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12

House Demographics

Year house was built (YYYY)

#

Report Prompts:



Type of House (Participant)

<input type="checkbox"/> Apartment
<input type="checkbox"/> Row Home
<input type="checkbox"/> Townhome
<input type="checkbox"/> Single Family Detached 1 story
<input type="checkbox"/> Single Family Detached 2-3 stories
<input type="checkbox"/> Single Family Semi Detached
<input type="checkbox"/> Multifamily
<input type="checkbox"/> Mobile Home

Does household have working heat?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

How many days has the heat not been operating?

#

Does the family have a Housing Choice Voucher?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Report Prompts:



Did they received a lead certificate when they moved into the property?

Yes

No

Has a Notice of defect been sent?

Yes

No

Unsure

Head of Household

Is homeowner head of household?

Yes

No

Is tenant head of household?

Yes

No

Report Prompts:



Participant Email 1

Addressline1

Addressline2

City

County

Head of Household Information

Name

Report Prompts:

TouchPoint - Blank TouchPoint



State/Province

Zip/Postal Code

Does the Head of the Household has a copy of the lease?

Yes

No

Head of household has a phone number?

Yes

No

Head of Household Contact Number - Home

#

Head of Household Contact Number - Mobile

#

Report Prompts:



Head of Household Contact Number - Work

#

Head of Household has an email address?

Yes

No

Head of Household - Email 1

Head of Household - Email 2

Disclosure: The following information is requested by the Federal Government. You are not required to provide this information but encouraged to do so. **Additional Information:** The law provides that a grant provider may neither discriminate on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish sex, race or ethnicity, under Federal regulations this agent/ lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below.

Report Prompts:



Head of Household agrees to furnish sex, race and ethnicity

Yes

No

Sex of Head of Household

Male

Female

Will not disclose (sex)

Ethnicity of Head of Household

Hispanic or Latino

Non-Hispanic or Latino

Will not disclose (ethnicity)

Report Prompts:



Race of Head of Household

<input type="checkbox"/> African-American
<input type="checkbox"/> Asian
<input type="checkbox"/> Bi-Racial
<input type="checkbox"/> Hawaiian or other Pacific Islander
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Caucasian
<input type="checkbox"/> Multi Racial
<input type="checkbox"/> Native American
<input type="checkbox"/> Other
<input type="checkbox"/> Will not disclose (race)

Primary Language of Head of Household

<input type="checkbox"/> Amheric
<input type="checkbox"/> Arabic
<input type="checkbox"/> Chinese
<input type="checkbox"/> English
<input type="checkbox"/> Hebrew
<input type="checkbox"/> Korean
<input type="checkbox"/> Spanish
<input type="checkbox"/> Russian
<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other

Report Prompts:



Marital Status of Head of Household

<input type="checkbox"/> Single
<input type="checkbox"/> Married
<input type="checkbox"/> Common Law
<input type="checkbox"/> Divorced
<input type="checkbox"/> Separated
<input type="checkbox"/> Widowed

Is Head of Household pregnant?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Expected Due Date

____/____/____

Does Head of Household have any relevant disabilities? (ex: physical handicap, mental health, drug addiction, chronic health conditions)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Please describe all relevant disabilities

--

Report Prompts:



Month/Year Head of Household moved into the house

Month head of household moved into the house?

<input type="checkbox"/> Jan
<input type="checkbox"/> Feb
<input type="checkbox"/> Mar
<input type="checkbox"/> Apr
<input type="checkbox"/> May
<input type="checkbox"/> Jun
<input type="checkbox"/> Jul
<input type="checkbox"/> Aug
<input type="checkbox"/> Sep
<input type="checkbox"/> Oct
<input type="checkbox"/> Nov
<input type="checkbox"/> Dec

Year head of household moved into house (YYYY)

#

Additional Contacts

Report Prompts:



Participant Family Member Contacts

Additional Contact 1 Name

Additional Contact 1 Phone - Home

Additional Contact 1 Phone - Mobile

Additional Contact 1 Phone - Work

Additional Contact 1 relationship to participant

<input type="checkbox"/> Spouse
<input type="checkbox"/> Daughter
<input type="checkbox"/> Son
<input type="checkbox"/> Mother
<input type="checkbox"/> Father
<input type="checkbox"/> Sister

Report Prompts:

<input type="checkbox"/> Brother
<input type="checkbox"/> Niece
<input type="checkbox"/> Nephew
<input type="checkbox"/> Aunt
<input type="checkbox"/> Uncle
<input type="checkbox"/> Grandmother
<input type="checkbox"/> Grandfather
<input type="checkbox"/> Granddaughter
<input type="checkbox"/> Grandson
<input type="checkbox"/> Great Grandmother
<input type="checkbox"/> Great Grandson
<input type="checkbox"/> Great Granddaughter
<input type="checkbox"/> Great Grandson
<input type="checkbox"/> Roommate
<input type="checkbox"/> Friend
<input type="checkbox"/> Sibling
<input type="checkbox"/> Cousin
<input type="checkbox"/> Guardian Relative
<input type="checkbox"/> Guardian Non-Relative

Additional Contact 2 Name

--

Report Prompts:



Additional Contact 2 Phone - Home

#

Additional Contact 2 Phone - Mobile

#

Additional Contact 2 Phone - Work

#

Additional Contact 2 relationship to participant

Spouse

Daughter

Son

Mother

Father

Sister

Brother

Niece

Nephew

Aunt

Uncle

Grandmother

Grandfather

Report Prompts:



<input type="checkbox"/> Granddaughter
<input type="checkbox"/> Grandson
<input type="checkbox"/> Great Grandmother
<input type="checkbox"/> Great Grandson
<input type="checkbox"/> Great Granddaughter
<input type="checkbox"/> Great Grandson
<input type="checkbox"/> Roommate
<input type="checkbox"/> Friend
<input type="checkbox"/> Sibling
<input type="checkbox"/> Cousin
<input type="checkbox"/> Guardian Relative
<input type="checkbox"/> Guardian Non-Relative

Additional Contact 3 Name

Additional Contact 3 Phone - Home

Additional Contact 3 Phone - Mobile

Report Prompts:



Additional Contact 3 Phone - Work

#

Additional Contact 3 relationship to participant

<input type="checkbox"/> Spouse
<input type="checkbox"/> Daughter
<input type="checkbox"/> Son
<input type="checkbox"/> Mother
<input type="checkbox"/> Father
<input type="checkbox"/> Sister
<input type="checkbox"/> Brother
<input type="checkbox"/> Niece
<input type="checkbox"/> Nephew
<input type="checkbox"/> Aunt
<input type="checkbox"/> Uncle
<input type="checkbox"/> Grandmother
<input type="checkbox"/> Grandfather
<input type="checkbox"/> Granddaughter
<input type="checkbox"/> Grandson
<input type="checkbox"/> Great Grandmother
<input type="checkbox"/> Great Grandson
<input type="checkbox"/> Great Granddaughter
<input type="checkbox"/> Great Grandson
<input type="checkbox"/> Roommate
<input type="checkbox"/> Friend

Report Prompts:

<input type="checkbox"/> Sibling
<input type="checkbox"/> Cousin
<input type="checkbox"/> Guardian Relative
<input type="checkbox"/> Guardian Non-Relative

Occupant 1

Name 1

--

Race 1

<input type="checkbox"/> African-American
<input type="checkbox"/> Asian
<input type="checkbox"/> Bi-racial
<input type="checkbox"/> Caucasion
<input type="checkbox"/> Hawaiian or Pacific Islander
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Multi Racial
<input type="checkbox"/> Native American
<input type="checkbox"/> Other

Report Prompts:

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DOB 1

Current Date

Age-Raw

Age 1

Report Prompts:



Current Grade 1

<input type="checkbox"/> Not attending school
<input type="checkbox"/> Day Care
<input type="checkbox"/> Pre-K
<input type="checkbox"/> Kindergarten
<input type="checkbox"/> 1 Grade
<input type="checkbox"/> 2 Grade
<input type="checkbox"/> 3 Grade
<input type="checkbox"/> 4 Grade
<input type="checkbox"/> 5 Grade
<input type="checkbox"/> 6 Grade
<input type="checkbox"/> 7 Grade
<input type="checkbox"/> 8 Grade
<input type="checkbox"/> 9 Grade
<input type="checkbox"/> 10 Grade
<input type="checkbox"/> 11 Grade
<input type="checkbox"/> 12 Grade

Tested for Elevated Blood Lead Level 1

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Report Prompts:



Elevated Blood Lead Level Score 1

#

Elevated Blood Lead Level test date 1

___ / ___ / ___

Contact MDE to check if the property is Lead Compliant

Diagnosed for Asthma 1

<input type="checkbox"/> Yes
<input type="checkbox"/> No

How severe is the Asthma?

<input type="checkbox"/> Receives medical attention for asthma 10 or more times a year
<input type="checkbox"/> Receives medical attention for asthma 4 to 9 times a year
<input type="checkbox"/> Receives medical attention for asthma 1 to 3 times a year
<input type="checkbox"/> Receives limited medical attention for asthma per year

Report Prompts:



Sex 1

Male

Female

Is occupant 1 pregnant?

Yes

No

Expected due date 1

____/____/____

Relationship to Head of Household 1

Spouse

Daughter

Son

Mother

Father

Sister

Brother

Niece

Nephew

Aunt

Uncle

Report Prompts:



<input type="checkbox"/> Grandmother
<input type="checkbox"/> Grandfather
<input type="checkbox"/> Great Grandmother
<input type="checkbox"/> Great Grandfather
<input type="checkbox"/> Roommate
<input type="checkbox"/> Friend
<input type="checkbox"/> Sibling
<input type="checkbox"/> Cousin
<input type="checkbox"/> Guardian Relative
<input type="checkbox"/> Guardian Non-Relative
<input type="checkbox"/> Granddaughter
<input type="checkbox"/> Grandson
<input type="checkbox"/> Great Granddaughter
<input type="checkbox"/> Great Grandson

Any relevant disabilities? 1 (ex: physical handicap, mental health, drug addiction, chronic health conditions)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Please describe all relevant disabilities

--

Report Prompts:



Occupant 2

Name 2

Race 2

<input type="checkbox"/> African-American
<input type="checkbox"/> Asian
<input type="checkbox"/> Bi-racial
<input type="checkbox"/> Caucasian
<input type="checkbox"/> Hawaiian or Pacific Islander
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Multi Racial
<input type="checkbox"/> Native American
<input type="checkbox"/> Other

DOB 2

Current Date

Report Prompts:



Age-Raw

#

Age 2

#

Report Prompts:

TouchPoint: 1 - New Family Information Baseline

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Current Grade 2

<input type="checkbox"/> Not attending school
<input type="checkbox"/> Day Care
<input type="checkbox"/> Pre-K
<input type="checkbox"/> Kindergarten
<input type="checkbox"/> 1 Grade
<input type="checkbox"/> 2 Grade
<input type="checkbox"/> 3 Grade
<input type="checkbox"/> 4 Grade
<input type="checkbox"/> 5 Grade
<input type="checkbox"/> 6 Grade
<input type="checkbox"/> 7 Grade
<input type="checkbox"/> 8 Grade
<input type="checkbox"/> 9 Grade
<input type="checkbox"/> 10 Grade
<input type="checkbox"/> 11 Grade
<input type="checkbox"/> 12 Grade

Tested for Elevated Blood Lead Level 2

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Report Prompts:



Elevated Blood Lead Level Score 2

#

Elevated Blood Lead Level test date 2

___ / ___ / ___

Contact MDE to check if the property is Lead Compliant

Diagnosed for Asthma 2

Yes

No

How severe is the Asthma?

Receives medical attention for asthma 10 or more times a year

Receives medical attention for asthma 4 to 9 times a year

Receives medical attention for asthma 1 to 3 times a year

Receives limited medical attention for asthma per year

Report Prompts:



Sex 2

Male

Female

Is occupant 2 pregnant?

Yes

No

Expected due date 2

____/____/____

Relationship to Head of Household 2

Spouse

Daughter

Son

Mother

Father

Sister

Brother

Niece

Nephew

Aunt

Uncle

Report Prompts:



<input type="checkbox"/> Grandmother
<input type="checkbox"/> Grandfather
<input type="checkbox"/> Great Grandmother
<input type="checkbox"/> Great Grandfather
<input type="checkbox"/> Roommate
<input type="checkbox"/> Friend
<input type="checkbox"/> Sibling
<input type="checkbox"/> Cousin
<input type="checkbox"/> Guardian Relative
<input type="checkbox"/> Guardian Non-Relative
<input type="checkbox"/> Granddaughter
<input type="checkbox"/> Grandson
<input type="checkbox"/> Great Granddaughter
<input type="checkbox"/> Great Grandson

Any relevant disabilities? (ex: physical handicap, mental health, drug addiction, chronic health conditions)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Please describe all relevant disabilities

--

Report Prompts:



Occupant 3

Name 3

Race 3

<input type="checkbox"/> African-American
<input type="checkbox"/> Asian
<input type="checkbox"/> Bi-racial
<input type="checkbox"/> Caucasian
<input type="checkbox"/> Hawaiian or Pacific Islander
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Multi Racial
<input type="checkbox"/> Native American
<input type="checkbox"/> Other

DOB 3

Current Date

Report Prompts:



Age-Raw

#

Age 3

#

Report Prompts:

TouchPoint: 1 - New Family Information Baseline

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Current Grade 3

<input type="checkbox"/> Not attending school
<input type="checkbox"/> Day Care
<input type="checkbox"/> Pre-K
<input type="checkbox"/> Kindergarten
<input type="checkbox"/> 1 Grade
<input type="checkbox"/> 2 Grade
<input type="checkbox"/> 3 Grade
<input type="checkbox"/> 4 Grade
<input type="checkbox"/> 5 Grade
<input type="checkbox"/> 6 Grade
<input type="checkbox"/> 7 Grade
<input type="checkbox"/> 8 Grade
<input type="checkbox"/> 9 Grade
<input type="checkbox"/> 10 Grade
<input type="checkbox"/> 11 Grade
<input type="checkbox"/> 12 Grade

Tested for Elevated Blood Lead Level 3

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Report Prompts:



Elevated Blood Lead Level Score 3

#

Elevated Blood Lead Level test date 3

___ / ___ / ___

Contact MDE to check if the property is Lead Compliant

Diagnosed for Asthma 3

<input type="checkbox"/> Yes
<input type="checkbox"/> No

How severe is the Asthma?

<input type="checkbox"/> Receives medical attention for asthma 10 or more times a year
<input type="checkbox"/> Receives medical attention for asthma 4 to 9 times a year
<input type="checkbox"/> Receives medical attention for asthma 1 to 3 times a year
<input type="checkbox"/> Receives limited medical attention for asthma per year

Report Prompts:



Sex 3

Male

Female

Is occupant 3 pregnant?

Yes

No

Expected due date 3

____/____/____

Relationship to Head of Household 3

Spouse

Daughter

Son

Mother

Father

Sister

Brother

Niece

Nephew

Aunt

Uncle

Report Prompts:



<input type="checkbox"/> Grandmother
<input type="checkbox"/> Grandfather
<input type="checkbox"/> Great Grandmother
<input type="checkbox"/> Great Grandfather
<input type="checkbox"/> Roommate
<input type="checkbox"/> Friend
<input type="checkbox"/> Sibling
<input type="checkbox"/> Cousin
<input type="checkbox"/> Guardian Relative
<input type="checkbox"/> Guardian Non-Relative
<input type="checkbox"/> Granddaughter
<input type="checkbox"/> Grandson
<input type="checkbox"/> Great Granddaughter
<input type="checkbox"/> Great Grandson

Any relevant disabilities? 3 (ex: physical handicap, mental health, drug addiction, chronic health conditions)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Please describe all relevant disabilities

--

Report Prompts:



Occupant 4

Name 4

Race 4

<input type="checkbox"/> African-American
<input type="checkbox"/> Asian
<input type="checkbox"/> Bi-racial
<input type="checkbox"/> Caucasian
<input type="checkbox"/> Hawaiian or Pacific Islander
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Multi Racial
<input type="checkbox"/> Native American
<input type="checkbox"/> Other

DOB 4

Current Date 4

Report Prompts:



Age-Raw

#

Age 4

#

Report Prompts:

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Current Grade 4

<input type="checkbox"/> Not attending school
<input type="checkbox"/> Day Care
<input type="checkbox"/> Pre-K
<input type="checkbox"/> Kindergarten
<input type="checkbox"/> 1 Grade
<input type="checkbox"/> 2 Grade
<input type="checkbox"/> 3 Grade
<input type="checkbox"/> 4 Grade
<input type="checkbox"/> 5 Grade
<input type="checkbox"/> 6 Grade
<input type="checkbox"/> 7 Grade
<input type="checkbox"/> 8 Grade
<input type="checkbox"/> 9 Grade
<input type="checkbox"/> 10 Grade
<input type="checkbox"/> 11 Grade
<input type="checkbox"/> 12 Grade

Tested for Elevated Blood Lead Level 4

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Report Prompts:



Elevated Blood Lead Level Score 4

#

Elevated Blood Lead Level test date 4

___ / ___ / ___

Contact MDE to check if the property is Lead Compliant

Diagnosed for Asthma 4

Yes

No

How severe is the Asthma?

Receives medical attention for asthma 10 or more times a year

Receives medical attention for asthma 4 to 9 times a year

Receives medical attention for asthma 1 to 3 times a year

Receives limited medical attention for asthma per year

Report Prompts:



Sex 4

Male

Female

Is occupant 4 pregnant?

Yes

No

Expected due date 4

____/____/____

Relationship to Head of Household 4

Spouse

Daughter

Son

Mother

Father

Sister

Brother

Niece

Nephew

Aunt

Uncle

Report Prompts:



<input type="checkbox"/> Grandmother
<input type="checkbox"/> Grandfather
<input type="checkbox"/> Grandson
<input type="checkbox"/> Great Grandfather
<input type="checkbox"/> Roommate
<input type="checkbox"/> Friend
<input type="checkbox"/> Sibling
<input type="checkbox"/> Cousin
<input type="checkbox"/> Guardian Relative
<input type="checkbox"/> Guardian Non-Relative
<input type="checkbox"/> Granddaughter
<input type="checkbox"/> Great Grandmother
<input type="checkbox"/> Great Granddaughter
<input type="checkbox"/> Great Grandson

Any relevant disabilities? 4 (ex: physical handicap, mental health, drug addiction, chronic health conditions)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Please describe all relevant disabilities

--

Report Prompts:



Occupant 5

Name 5

Race 5

<input type="checkbox"/> African-American
<input type="checkbox"/> Asian
<input type="checkbox"/> Bi-racial
<input type="checkbox"/> Caucasian
<input type="checkbox"/> Hawaiian or Pacific Islander
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Multi Racial
<input type="checkbox"/> Native American
<input type="checkbox"/> Other

DOB 5

Current Date

Report Prompts:



Age-Raw

#

Age 5

#

Report Prompts:

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Current Grade 5

<input type="checkbox"/> Not attending school
<input type="checkbox"/> Day Care
<input type="checkbox"/> Pre-K
<input type="checkbox"/> Kindergarten
<input type="checkbox"/> 1 Grade
<input type="checkbox"/> 2 Grade
<input type="checkbox"/> 3 Grade
<input type="checkbox"/> 4 Grade
<input type="checkbox"/> 5 Grade
<input type="checkbox"/> 6 Grade
<input type="checkbox"/> 7 Grade
<input type="checkbox"/> 8 Grade
<input type="checkbox"/> 9 Grade
<input type="checkbox"/> 10 Grade
<input type="checkbox"/> 11 Grade
<input type="checkbox"/> 12 Grade

Tested for Elevated Blood Lead Level 5

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Report Prompts:



Elevated Blood Lead Level Score 5

#

Elevated Blood Lead Level test date 5

___ / ___ / ___

Contact MDE to check if the property is Lead Compliant

Diagnosed for Asthma 5

Yes

No

How severe is the Asthma?

Receives medical attention for asthma 10 or more times a year

Receives medical attention for asthma 4 to 9 times a year

Receives medical attention for asthma 1 to 3 times a year

Receives limited medical attention for asthma per year

Report Prompts:



Sex 5

Male

Female

Is occupant 5 pregnant?

Yes

No

Expected due date 5

____/____/____

Relationship to Head of Household 5

Spouse

Daughter

Son

Mother

Father

Sister

Brother

Niece

Nephew

Aunt

Uncle

Report Prompts:



<input type="checkbox"/> Grandmother
<input type="checkbox"/> Grandfather
<input type="checkbox"/> Great Grandmother
<input type="checkbox"/> Great Grandfather
<input type="checkbox"/> Roommate
<input type="checkbox"/> Friend
<input type="checkbox"/> Sibling
<input type="checkbox"/> Cousin
<input type="checkbox"/> Guardian Relative
<input type="checkbox"/> Guardian Non-Relative
<input type="checkbox"/> Granddaughter
<input type="checkbox"/> Grandson
<input type="checkbox"/> Great Granddaughter
<input type="checkbox"/> Great Grandson

Any relevant disabilities? 5 (ex: physical handicap, mental health, drug addiction, chronic health conditions)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Please describe all relevant disabilities

--

Report Prompts:



Occupant 6

Name 6

Race 6

<input type="checkbox"/> African-American
<input type="checkbox"/> Asian
<input type="checkbox"/> Bi-racial
<input type="checkbox"/> Caucasian
<input type="checkbox"/> Hawaiian or Pacific Islander
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Multi Racial
<input type="checkbox"/> Native American
<input type="checkbox"/> Other

DOB 6

Current Date

Report Prompts:



Age-Raw

#

Age 6

#

Report Prompts:

TouchPoint: 1 - New Family Information Baseline

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Current Grade 6

<input type="checkbox"/> Not attending school
<input type="checkbox"/> Day Care
<input type="checkbox"/> Pre-K
<input type="checkbox"/> Kindergarten
<input type="checkbox"/> 1 Grade
<input type="checkbox"/> 2 Grade
<input type="checkbox"/> 3 Grade
<input type="checkbox"/> 4 Grade
<input type="checkbox"/> 5 Grade
<input type="checkbox"/> 6 Grade
<input type="checkbox"/> 7 Grade
<input type="checkbox"/> 8 Grade
<input type="checkbox"/> 9 Grade
<input type="checkbox"/> 10 Grade
<input type="checkbox"/> 11 Grade
<input type="checkbox"/> 12 Grade

Tested for Elevated Blood Lead Level 6

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Report Prompts:



Elevated Blood Lead Level Score 6

#

Elevated Blood Lead Level test date 6

___ / ___ / ___

Contact MDE to check if the property is Lead Compliant

Diagnosed for Asthma 6

<input type="checkbox"/> Yes
<input type="checkbox"/> No

How severe is the Asthma?

<input type="checkbox"/> Receives medical attention for asthma 10 or more times a year
<input type="checkbox"/> Receives medical attention for asthma 4 to 9 times a year
<input type="checkbox"/> Receives medical attention for asthma 1 to 3 times a year
<input type="checkbox"/> Receives limited medical attention for asthma per year

Report Prompts:



Sex 6

Male

Female

Is occupant 6 pregnant?

Yes

No

Expected due date 6

____/____/____

Relationship to Head of Household 6

Spouse

Daughter

Son

Mother

Father

Sister

Brother

Niece

Nephew

Aunt

Uncle

Report Prompts:

<input type="checkbox"/> Grandmother
<input type="checkbox"/> Grandfather
<input type="checkbox"/> Great Grandmother
<input type="checkbox"/> Great Grandfather
<input type="checkbox"/> Roommate
<input type="checkbox"/> Friend
<input type="checkbox"/> Sibling
<input type="checkbox"/> Cousin
<input type="checkbox"/> Guardian Relative
<input type="checkbox"/> Guardian Non-Relative
<input type="checkbox"/> Granddaughter
<input type="checkbox"/> Grandson
<input type="checkbox"/> Great Granddaughter
<input type="checkbox"/> Great Grandson

Any relevant disabilities? 6 (ex: physical handicap, mental health, drug addiction, chronic health conditions)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Please describe all relevant disabilities

--

Report Prompts:



Occupant 7

Name 7

Race 7

<input type="checkbox"/> African-American
<input type="checkbox"/> Asian
<input type="checkbox"/> Bi-racial
<input type="checkbox"/> Caucasian
<input type="checkbox"/> Hawaiian or Pacific Islander
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Multi Racial
<input type="checkbox"/> Native American
<input type="checkbox"/> Other

DOB 7

Current Date

Report Prompts:



Age-Raw

#

Age 7

#

Report Prompts:

TouchPoint: 1 - New Family Information Baseline

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Current Grade 7

<input type="checkbox"/> Not attending school
<input type="checkbox"/> Day Care
<input type="checkbox"/> Pre-K
<input type="checkbox"/> Kindergarten
<input type="checkbox"/> 1 Grade
<input type="checkbox"/> 2 Grade
<input type="checkbox"/> 3 Grade
<input type="checkbox"/> 4 Grade
<input type="checkbox"/> 5 Grade
<input type="checkbox"/> 6 Grade
<input type="checkbox"/> 7 Grade
<input type="checkbox"/> 8 Grade
<input type="checkbox"/> 9 Grade
<input type="checkbox"/> 10 Grade
<input type="checkbox"/> 11 Grade
<input type="checkbox"/> 12 Grade

Tested for Elevated Blood Lead Level 7

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Report Prompts:



Elevated Blood Lead Level Score 7

#

Elevated Blood Lead Level test date 7

___ / ___ / ___

Contact MDE to check if the property is Lead Compliant

Diagnosed for Asthma 7

Yes

No

How severe is the Asthma?

Receives medical attention for asthma 10 or more times a year

Receives medical attention for asthma 4 to 9 times a year

Receives medical attention for asthma 1 to 3 times a year

Receives limited medical attention for asthma per year

Report Prompts:



Sex 7

Male

Female

Is occupant 7 pregnant?

Yes

No

Expected due date 7

____/____/____

Relationship to Head of Household 7

Spouse

Daughter

Son

Mother

Father

Sister

Brother

Niece

Nephew

Aunt

Uncle

Report Prompts:



<input type="checkbox"/> Grandmother
<input type="checkbox"/> Grandfather
<input type="checkbox"/> Great Grandmother
<input type="checkbox"/> Great Grandfather
<input type="checkbox"/> Roommate
<input type="checkbox"/> Friend
<input type="checkbox"/> Sibling
<input type="checkbox"/> Cousin
<input type="checkbox"/> Guardian Relative
<input type="checkbox"/> Guardian Non-Relative
<input type="checkbox"/> Granddaughter
<input type="checkbox"/> Grandson
<input type="checkbox"/> Great Granddaughter
<input type="checkbox"/> Great Grandson

Any relevant disabilities? 7 (ex: physical handicap, mental health, drug addiction, chronic health conditions)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Please describe all relevant disabilities

--

Report Prompts:



Occupant 8

Name 8

Race 8

<input type="checkbox"/> African-American
<input type="checkbox"/> Asian
<input type="checkbox"/> Bi-racial
<input type="checkbox"/> Caucasian
<input type="checkbox"/> Hawaiian or Pacific Islander
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Multi Racial
<input type="checkbox"/> Native American
<input type="checkbox"/> Other

DOB 8

Current Date

Report Prompts:



Age-Raw

#

Age 8

#

Report Prompts:

TouchPoint: 1 - New Family Information Baseline

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Current Grade 8

<input type="checkbox"/> Not attending school
<input type="checkbox"/> Day Care
<input type="checkbox"/> Pre-K
<input type="checkbox"/> Kindergarten
<input type="checkbox"/> 1 Grade
<input type="checkbox"/> 2 Grade
<input type="checkbox"/> 3 Grade
<input type="checkbox"/> 4 Grade
<input type="checkbox"/> 5 Grade
<input type="checkbox"/> 6 Grade
<input type="checkbox"/> 7 Grade
<input type="checkbox"/> 8 Grade
<input type="checkbox"/> 9 Grade
<input type="checkbox"/> 10 Grade
<input type="checkbox"/> 11 Grade
<input type="checkbox"/> 12 Grade

Tested for Elevated Blood Lead Level 8

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Report Prompts:



Elevated Blood Lead Level Score 8

#

Elevated Blood Lead Level test date 8

___ / ___ / ___

Contact MDE to check if the property is Lead Compliant

Diagnosed for Asthma 8

Yes

No

How severe is the Asthma?

Receives medical attention for asthma 10 or more times a year

Receives medical attention for asthma 4 to 9 times a year

Receives medical attention for asthma 1 to 3 times a year

Receives limited medical attention for asthma per year

Report Prompts:



Sex 8

Male

Female

Is occupant 8 pregnant?

Yes

No

Expected due date 8

____/____/____

Relationship to Head of Household 8

Spouse

Daughter

Son

Mother

Father

Sister

Brother

Niece

Nephew

Aunt

Uncle

Report Prompts:



<input type="checkbox"/> Grandmother
<input type="checkbox"/> Grandfather
<input type="checkbox"/> Great Grandmother
<input type="checkbox"/> Great Grandfather
<input type="checkbox"/> Roommate
<input type="checkbox"/> Friend
<input type="checkbox"/> Sibling
<input type="checkbox"/> Cousin
<input type="checkbox"/> Guardian Relative
<input type="checkbox"/> Guardian Non-Relative
<input type="checkbox"/> Granddaughter
<input type="checkbox"/> Grandson
<input type="checkbox"/> Great Granddaughter
<input type="checkbox"/> Great Grandson

Any relevant disabilities? 8 (ex: physical handicap, mental health, drug addiction, chronic health conditions)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Please describe all relevant disabilities

--

Report Prompts:



Occupant 9

Name 9

Race 9

<input type="checkbox"/> African-American
<input type="checkbox"/> Asian
<input type="checkbox"/> Bi-racial
<input type="checkbox"/> Caucasian
<input type="checkbox"/> Hawaiian or Pacific Islander
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Multi Racial
<input type="checkbox"/> Native American
<input type="checkbox"/> Other

DOB 9

Current Date

Report Prompts:



Age-Raw

#

Age 9

#

Report Prompts:

TouchPoint: 1 - New Family Information Baseline

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Current Grade 9

<input type="checkbox"/> Not attending school
<input type="checkbox"/> Day Care
<input type="checkbox"/> Pre-K
<input type="checkbox"/> Kindergarten
<input type="checkbox"/> 1 Grade
<input type="checkbox"/> 2 Grade
<input type="checkbox"/> 3 Grade
<input type="checkbox"/> 4 Grade
<input type="checkbox"/> 5 Grade
<input type="checkbox"/> 6 Grade
<input type="checkbox"/> 7 Grade
<input type="checkbox"/> 8 Grade
<input type="checkbox"/> 9 Grade
<input type="checkbox"/> 10 Grade
<input type="checkbox"/> 11 Grade
<input type="checkbox"/> 12 Grade

Tested for Elevated Blood Lead Level 9

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Report Prompts:



Elevated Blood Lead Level Score 9

#

Elevated Blood Lead Level test date 9

___ / ___ / ___

Contact MDE to check if the property is Lead Compliant

Diagnosed for Asthma 9

Yes

No

How severe is the Asthma?

Receives medical attention for asthma 10 or more times a year

Receives medical attention for asthma 4 to 9 times a year

Receives medical attention for asthma 1 to 3 times a year

Receives limited medical attention for asthma per year

Report Prompts:



Sex 9

Male

Female

Is occupant 9 pregnant?

Yes

No

Expected due date 9

____/____/____

Relationship to Head of Household 9

Spouse

Daughter

Son

Mother

Father

Sister

Brother

Niece

Nephew

Aunt

Uncle

Report Prompts:



<input type="checkbox"/> Grandmother
<input type="checkbox"/> Grandfather
<input type="checkbox"/> Great Grandmother
<input type="checkbox"/> Great Grandfather
<input type="checkbox"/> Roommate
<input type="checkbox"/> Friend
<input type="checkbox"/> Sibling
<input type="checkbox"/> Cousin
<input type="checkbox"/> Guardian Relative
<input type="checkbox"/> Guardian Non-Relative
<input type="checkbox"/> Granddaughter
<input type="checkbox"/> Grandson
<input type="checkbox"/> Great Granddaughter
<input type="checkbox"/> Great Grandson

Any relevant disabilities? 9 (ex: physical handicap, mental health, drug addiction, chronic health conditions)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Please describe all relevant disabilities

--

Report Prompts:



Occupant 10

Name 10

Race 10

<input type="checkbox"/> African-American
<input type="checkbox"/> Asian
<input type="checkbox"/> Bi-racial
<input type="checkbox"/> Caucasian
<input type="checkbox"/> Hawaiian or Pacific Islander
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Multi Racial
<input type="checkbox"/> Native American
<input type="checkbox"/> Other

DOB 10

Current Date

Report Prompts:



Age-Raw

#

Age 10

#

Report Prompts:

TouchPoint: 1 - New Family Information Baseline

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Current Grade 10

<input type="checkbox"/> Not attending school
<input type="checkbox"/> Day Care
<input type="checkbox"/> Pre-K
<input type="checkbox"/> Kindergarten
<input type="checkbox"/> 1 Grade
<input type="checkbox"/> 2 Grade
<input type="checkbox"/> 3 Grade
<input type="checkbox"/> 4 Grade
<input type="checkbox"/> 5 Grade
<input type="checkbox"/> 6 Grade
<input type="checkbox"/> 7 Grade
<input type="checkbox"/> 8 Grade
<input type="checkbox"/> 9 Grade
<input type="checkbox"/> 10 Grade
<input type="checkbox"/> 11 Grade
<input type="checkbox"/> 12 Grade

Tested for Elevated Blood Lead Level 10

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Report Prompts:



Elevated Blood Lead Level Score 10

#

Elevated Blood Lead Level test date 10

___ / ___ / ___

Contact MDE to check if the property is Lead Compliant

Diagnosed for Asthma 10

Yes

No

How severe is the Asthma?

Receives medical attention for asthma 10 or more times a year

Receives medical attention for asthma 4 to 9 times a year

Receives medical attention for asthma 1 to 3 times a year

Receives limited medical attention for asthma per year

Report Prompts:



Sex 10

Male

Female

Is occupant 10 pregnant?

Yes

No

Expected due date 10

____/____/____

Relationship to Head of Household 10

Spouse

Daughter

Son

Mother

Father

Sister

Brother

Niece

Nephew

Aunt

Uncle

Report Prompts:



<input type="checkbox"/> Grandmother
<input type="checkbox"/> Grandfather
<input type="checkbox"/> Great Grandmother
<input type="checkbox"/> Great Grandfather
<input type="checkbox"/> Roommate
<input type="checkbox"/> Friend
<input type="checkbox"/> Sibling
<input type="checkbox"/> Cousin
<input type="checkbox"/> Guardian Relative
<input type="checkbox"/> Guardian Non-Relative
<input type="checkbox"/> Granddaughter
<input type="checkbox"/> Grandson
<input type="checkbox"/> Great Granddaughter
<input type="checkbox"/> Great Grandson

Any relevant disabilities? 10 (ex: physical handicap, mental health, drug addiction, chronic health conditions)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Please describe all relevant disabilities

--

Report Prompts:



Occupant 11

Name 11

Race 11

<input type="checkbox"/> African-American
<input type="checkbox"/> Asian
<input type="checkbox"/> Bi-racial
<input type="checkbox"/> Caucasian
<input type="checkbox"/> Hawaiian or Pacific Islander
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Multi Racial
<input type="checkbox"/> Native American
<input type="checkbox"/> Other

DOB 11

Current Date 11

Report Prompts:



Age-Raw

#

Age 11

#

Report Prompts:

TouchPoint: 1 - New Family Information Baseline

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Current Grade 11

<input type="checkbox"/> Not attending school
<input type="checkbox"/> Day Care
<input type="checkbox"/> Pre-K
<input type="checkbox"/> Kindergarten
<input type="checkbox"/> 1 Grade
<input type="checkbox"/> 2 Grade
<input type="checkbox"/> 3 Grade
<input type="checkbox"/> 4 Grade
<input type="checkbox"/> 5 Grade
<input type="checkbox"/> 6 Grade
<input type="checkbox"/> 7 Grade
<input type="checkbox"/> 8 Grade
<input type="checkbox"/> 9 Grade
<input type="checkbox"/> 10 Grade
<input type="checkbox"/> 11 Grade
<input type="checkbox"/> 12 Grade

Tested for Elevated Blood Lead Level 11

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Report Prompts:



Elevated Blood Lead Level Score 11

#

Elevated Blood Lead Level test date 11

____/____/____

Contact MDE to check if the property is Lead Compliant

Diagnosed for Asthma 11

<input type="checkbox"/> Yes
<input type="checkbox"/> No

How severe is the Asthma?

<input type="checkbox"/> Receives medical attention for asthma 10 or more times a year
<input type="checkbox"/> Receives medical attention for asthma 4 to 9 times a year
<input type="checkbox"/> Receives medical attention for asthma 1 to 3 times a year
<input type="checkbox"/> Receives limited medical attention for asthma per year

Report Prompts:



Sex 11

Male

Female

Is occupant 11 pregnant?

Yes

No

Expected due date 11

____/____/____

Relationship to Head of Household 11

Spouse

Daughter

Son

Mother

Father

Sister

Brother

Niece

Nephew

Aunt

Uncle

Report Prompts:

<input type="checkbox"/> Grandmother
<input type="checkbox"/> Grandfather
<input type="checkbox"/> Great Grandmother
<input type="checkbox"/> Great Grandfather
<input type="checkbox"/> Roommate
<input type="checkbox"/> Friend
<input type="checkbox"/> Sibling
<input type="checkbox"/> Cousin
<input type="checkbox"/> Guardian Relative
<input type="checkbox"/> Guardian Non-Relative
<input type="checkbox"/> Granddaughter
<input type="checkbox"/> Grandson
<input type="checkbox"/> Great Granddaughter
<input type="checkbox"/> Great Grandson

Any relevant disabilities? (ex: physical handicap, mental health, drug addiction, chronic health conditions)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Please describe all relevant disabilities

--

Report Prompts:



Occupant 12

Name 12

Race 12

<input type="checkbox"/> African-American
<input type="checkbox"/> Asian
<input type="checkbox"/> Bi-racial
<input type="checkbox"/> Caucasian
<input type="checkbox"/> Hawaiian or Pacific Islander
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Multi Racial
<input type="checkbox"/> Native American
<input type="checkbox"/> Other

DOB 12

Current Date

Report Prompts:



Age-Raw

#

Age 12

#

Report Prompts:

TouchPoint: 1 - New Family Information Baseline

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Current Grade 12

<input type="checkbox"/> Not attending school
<input type="checkbox"/> Day Care
<input type="checkbox"/> Pre-K
<input type="checkbox"/> Kindergarten
<input type="checkbox"/> 1 Grade
<input type="checkbox"/> 2 Grade
<input type="checkbox"/> 3 Grade
<input type="checkbox"/> 4 Grade
<input type="checkbox"/> 5 Grade
<input type="checkbox"/> 6 Grade
<input type="checkbox"/> 7 Grade
<input type="checkbox"/> 8 Grade
<input type="checkbox"/> 9 Grade
<input type="checkbox"/> 10 Grade
<input type="checkbox"/> 11 Grade
<input type="checkbox"/> 12 Grade

Tested for Elevated Blood Lead Level 12

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Report Prompts:



Elevated Blood Lead Level Score 12

#

Elevated Blood Lead Level test date 12

___ / ___ / ___

Contact MDE to check if the property is Lead Compliant

Diagnosed for Asthma 12

Yes

No

How severe is the Asthma?

Receives medical attention for asthma 10 or more times a year

Receives medical attention for asthma 4 to 9 times a year

Receives medical attention for asthma 1 to 3 times a year

Receives limited medical attention for asthma per year

Report Prompts:



Sex 12

Male

Female

Is occupant 12 pregnant?

Yes

No

Expected due date 12

____/____/____

Relationship to Head of Household 12

Spouse

Daughter

Son

Mother

Father

Sister

Brother

Niece

Nephew

Aunt

Uncle

Report Prompts:

<input type="checkbox"/> Grandmother
<input type="checkbox"/> Grandfather
<input type="checkbox"/> Great Grandmother
<input type="checkbox"/> Great Grandfather
<input type="checkbox"/> Roommate
<input type="checkbox"/> Friend
<input type="checkbox"/> Sibling
<input type="checkbox"/> Cousin
<input type="checkbox"/> Guardian Relative
<input type="checkbox"/> Guardian Non-Relative
<input type="checkbox"/> Granddaughter
<input type="checkbox"/> Grandson
<input type="checkbox"/> Great Granddaughter
<input type="checkbox"/> Great Grandson

Any relevant disabilities? 12 (ex: physical handicap, mental health, drug addiction, chronic health conditions)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Please describe all relevant disabilities

--

Report Prompts:



Landlord Information

Addressline1

Addressline2

Company

Landlord Contact Information

Name

State/Province

Report Prompts:



Zip/Postal Code

Property number (registered with MDE)

Landlord's Phone Number - Home

Landlord's Phone Number - Cell

Landlord's Phone Number - Work

Landlord's Email

Search for landlord information in white pages if necessary

Report Prompts:



Recommendations

Recommend: Education/Training

Recommend: Legal Services

Recommend: Asthma Intervention Services

Recommend: Asthma Case Management

Recommend: Lead Hazard Control

Recommend: Lead Case Management

Recommend: Fast Track Lead Services

Report Prompts:

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TouchPoint - Blank TouchPoint



Recommend: Safety Repairs

Recommend: Weatherization

Client eligible for services?

Yes

No

Refer the client to a program(s), dismiss from current program and record an effort. After Referral switch program and assign the next staff member using Client Contact and assign response time +2 business days

Record an effort for the client and then dismiss from program using dismissal reasons.

Report Prompts: