

TouchPoint - Blank TouchPoint



TouchPoint Name: 4. GHHI Interventions and Costs

Name:

Date: ____/____/____

Completed by:

Completed on behalf of:

Identifier:

General Information

Please take this TouchPoint for each vendor who did work in this unit. Enter the vendor's name in the Identifier field above.

First Name

Last Name

CaseNumber

Report Prompts:

TouchPoint: 4. GHHI Interventions and Costs

Printed on: 11/3/16

Page 1 of 28

TouchPoint - Blank TouchPoint



Address

Program Name

Service Provider

Please note: Vendor must be added from the home page as "Entity - Vendor"

Service Provider

Funding Source

Vendor Work Start Date

Report Prompts:



Vendor Work Completion Date

____/____/____

Services Provided by Vendor

Please identify which services were provided. If you choose "Yes" to any of the initial questions below, you will then have the opportunity to provide details of interventions.

Were ENERGY EFFICIENCY or WEATHERIZATION services provided by this vendor?

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

Were HEALTH and SAFETY services provided by this vendor?

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

Were LEAD HAZARD CONTROLS provided by this vendor?

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

Report Prompts:



Were EDUCATIONAL SERVICES provided by this vendor?

Yes

No

Energy Efficiency and Weatherization

Report Prompts:

TouchPoint: 4. GHFI Interventions and Costs

Printed on: 11/3/16

Page 4 of 28



Energy Efficiency and Weatherization Measures

<input type="checkbox"/> Appliance Replacement
<input type="checkbox"/> Aerators Installed
<input type="checkbox"/> Compact Fluorescent Lights
<input type="checkbox"/> Cool Roof Installed
<input type="checkbox"/> Furnace Clean and Repair
<input type="checkbox"/> Furnace Replacement
<input type="checkbox"/> HVAC Air Filter Replacement
<input type="checkbox"/> Blown/Rolled-in Insulation
<input type="checkbox"/> Insulation of Hot Water Pipes
<input type="checkbox"/> Low Flow Shower Heads Installed
<input type="checkbox"/> Mastic Sealing
<input type="checkbox"/> Programmable Thermostat
<input type="checkbox"/> Air Sealing
<input type="checkbox"/> Water Heater Insulation Blanket Installed
<input type="checkbox"/> Water Heater Replacement
<input type="checkbox"/> Weather Stripping around Doors
<input type="checkbox"/> Window Repair
<input type="checkbox"/> Window Replacement
<input type="checkbox"/> Wx/EE Other

Appliance replacement - i.e. stove, refrigerator, washer, dryer, etc. with more energy efficient models

<input type="checkbox"/> Yes

Report Prompts:



Aerators installed

Yes

Compact Fluorescent Lights - replaced inefficient bulbs

Yes

Number of CFLs installed

#

Cool roof - installed

Yes

Furnace - cleaning and repair

Yes

Furnace - replacement

Yes

Report Prompts:



HVAC system - replacement of air filters

Yes

Insulation - attic / basement / crawlspace

Yes

Insulation - Blown or Rolled in

Yes

Insulation - low toxicity foam (in non-hazardous locations)

Yes

Insulation - of exposed hot water feeder pipes

Yes

Low flow shower heads - installed

Yes

Report Prompts:



Mastic sealing - of leakages in exposed forced air duct systems

Yes

Programmable thermostat - installed

Yes

Sealing - structural air leakages

Yes

Water heater - installation of insulation blanket

Yes

Water heater - replacement

Yes

Weather stripping - around doors

Yes

Report Prompts:



Window - repair

Yes

Window - replacement

Yes

WxEE Other

Yes

Other Energy Efficiency/Weatherization Services

Final completion date of all Energy Efficiency/Weatherization work described above:

___/___/___

Actual Energy Efficiency/Weatherization Services Cost:

\$

Report Prompts:



Estimated Non-GHHI Approach Energy Efficiency/Weatherization Services Cost:

\$

Health and Safety

Asthma Interventions

Asthma Measures

<input type="checkbox"/> Carpet or Flooring Replacement
<input type="checkbox"/> Air Filtration
<input type="checkbox"/> Integrated Pest Management
<input type="checkbox"/> Furnace Filter Replacement
<input type="checkbox"/> Plumbing Repair
<input type="checkbox"/> Water Intrusion Repair
<input type="checkbox"/> Gutters/Downspouts Installed, Replaced or Repaired
<input type="checkbox"/> Roof Repair
<input type="checkbox"/> Roof Replacement
<input type="checkbox"/> Mold and Mildew Remediation
<input type="checkbox"/> Install Bathroom Vent
<input type="checkbox"/> Install Dryer Vent
<input type="checkbox"/> Install Fuel/Combustion Appliance Vent
<input type="checkbox"/> Other

Report Prompts:



Carpet or Flooring - replacement or repair to reduce allergens

Yes

Air Filtration

Yes

Integrated pest management

Yes

Furnace - filter replacement

Yes

Plumbing repair

Yes

Water intrusion repair

Yes

Report Prompts:



Gutters / downspouts - installed, replaced, repaired

Yes

Roof - repair

Yes

Roof - replacement

Yes

Mold and mildew remediation

Yes

Venting - of bathroom

Yes

Venting - of dryer

Yes

Report Prompts:



Venting - of fuel/combustion appliances (furnace, gas water heater, stove/oven, etc)

Yes

Other Asthma-Related Intervention

Yes

Other Asthma-related Intervention

Types of Fall Prevention Measures Installed

Report Prompts:



Fall Prevention Measures

<input type="checkbox"/> Cabinet Locks Installed
<input type="checkbox"/> Non-Slip Strips in Bath/Shower
<input type="checkbox"/> Electrical Outlet Covers Installed
<input type="checkbox"/> Rounded Bathroom Counter Corners
<input type="checkbox"/> Stabilize Loose Bathtubs, Toilets or Sinks
<input type="checkbox"/> Clutter Removal
<input type="checkbox"/> New Door Lever Handles or Double Bolt Locks
<input type="checkbox"/> Installed Peephole at Convenient Height
<input type="checkbox"/> Replaced Unsafe Doors or Windows
<input type="checkbox"/> Risers Inserted Under Furniture Legs
<input type="checkbox"/> Grab Bars Installed in Interior
<input type="checkbox"/> Handrails Installed in Entrances and Exits
<input type="checkbox"/> Handrails Installed in Interior Spaces
<input type="checkbox"/> Lighting/Switches on Stairways
<input type="checkbox"/> Handrails Installed on Porches/Balconies
<input type="checkbox"/> Non-Slip Rugs Installed
<input type="checkbox"/> Secure Throw and Area Rugs with Double-Sided Tape
<input type="checkbox"/> Threshold - Beveled, No-Step, No-Trip
<input type="checkbox"/> Repaired Holes and Uneven Joints in Walkways
<input type="checkbox"/> Non-Slip Finish Applied to Walkway Surfaces
<input type="checkbox"/> Installed Easy-Grip Handles and Locks on Windows
<input type="checkbox"/> Other

Report Prompts:



Fall prevention measures - installed

Yes

Cabinet locks - installed

Yes

Bathroom - non-slip strips in bath / shower

Yes

Electrical outlet covers - installed

Yes

Bathroom - rounded counter corners

Yes

Bathroom - stabilize loose bathtubs, toilets or sinks

Yes

Report Prompts:



Clutter removal - cleared pathways in and between rooms

Yes

Doors - new door lever handles, double-bolt locks

Yes

Doors - installed peephole at convenient height

Yes

Doors/Windows - replaced unsafe doors and/or windows

Yes

Furniture - risers inserted under furniture legs where warranted

Yes

Grab bars - installed in interior spaces

Yes

Report Prompts:



Handrails - entrances and exits, halls, and stairs

Yes

Handrails - installed in interior spaces

Yes

Lighting/switches - on stairways

Yes

Porches/balconies - secured with safe handrails, balusters

Yes

Rugs - non-slips installed

Yes

Rugs - secure throw and area rug edges with double-sided tape

Yes

Report Prompts:

TouchPoint - Blank TouchPoint



Threshold - beveled, no-step, no-trip

Yes

Walkways - repaired holes, uneven joints

Yes

Walkways - non-slip finish applied to walkway surfaces

Yes

Windows - installed easy-grip handles/locks at appropriate heights

Yes

Trip Fall Other

Yes

If other Fall Prevention Measures were installed please explain:

Miscellaneous Health and Safety Measures

Report Prompts:



Smoke detectors - installed or confirmed operable on each floor (note: alarms should have 10 year lithium batteries) response required to meet HUD baseline criteria

Yes

Carbon monoxide detectors - installed or confirmed operable on each floor (should have 10 year lithium batteries) response required to meet HUD baseline criteria

Yes

Asbestos remediation

Yes

Radon remediation

Yes

Health and Safety Other Intervention

Yes

If other Health and Safety services were provided please explain (use commas to list multiple items):

Report Prompts:



Final completion date of all Health and Safety work described above:

Actual Health and Safety Cost Total

Estimated Non-GHHI Approach Health and Safety Services Cost:

PFS Costs

Carpet or Flooring Cost

Air Filtration Cost

Integrated Pest Management Cost

Report Prompts:



Plumbing Repair Cost

\$

Water Intrusion Repair Cost

\$

Gutter Downspout Repair Cost

\$

Roof Repair Cost

\$

Roof Replacement Cost

\$

Mold Mildew Cost

\$

Report Prompts:



Total Mold Mitigation Cost

\$

Ventilation Bathroom Cost

\$

Ventilation Dryer Cost

\$

Ventilation Stove Combustible Appliances Cost

\$

Total Ventilation Cost

\$

Other Asthma Related Cost

\$

Report Prompts:



Project Delivery Cost

\$

Total Asthma Cost

\$

Safety Mitigation Cost

\$

Radon Remediation Cost

\$

Health and Safety Other Cost

\$

Lead Hazard Control

Lead Safe

Report Prompts:

TouchPoint: 4. GHHI Interventions and Costs

Printed on: 11/3/16

Page 23 of 28



Lead Hazard Controls

Yes

Did lead hazard controls include paint stabilization?

Yes

Did lead hazard controls include window replacement?

Yes

Were replacement windows Energy Star windows?

Yes

Lead Hazard Remediation Costs

\$

Education Services

Report Prompts:



Education Measures

<input type="checkbox"/> Asthma Trigger Control
<input type="checkbox"/> Community Resources and Support
<input type="checkbox"/> Energy Efficient Practices and Behaviors
<input type="checkbox"/> First Aid Kit Provided
<input type="checkbox"/> Foreclosure Avoidance and Financial Management
<input type="checkbox"/> Lead Poisoning Prevention
<input type="checkbox"/> Medical Case Management
<input type="checkbox"/> Sustaining the Intervention
<input type="checkbox"/> Other

Asthma trigger control - in-home education

Yes

Community resources and supports - materials/information provided to connect residents to services

Yes

Energy efficient practices and behaviors - education, materials, information provided to resident

Yes

Report Prompts:



First aid kit - provided

Yes

Foreclosure avoidance and financial management - materials provided

Yes

Lead poisoning prevention - education, materials provided

Yes

Medical case management

Yes

Sustaining the intervention - materials provided about cleaning, maintenance, and safety provided to resident

Yes

Other Education Services

Yes

Report Prompts:



Other Educational Services

If other Educational services were provided please explain:

Final completion date of all Educational services described above:

Typical costs to include in educational expenses would include resident educator/health educator time, supplies, and travel costs.

Actual Educational Services Cost:

Estimated Non-GHHI Approach Educational Services Cost:

Report Prompts:



Actual Administrative Costs:

\$

Estimated Non-GHHI Approach Administrative Costs:

\$

Summary Total Costs per Vendor

Total Actual Cost:

\$

Estimated total Non-GHHI Approach Cost:

\$

The total cost of the intervention across all vendors can be found in the report Client Dashboard

Report Prompts: