



6323 Manchester Ave • Kansas City, Missouri 64133 • Phone: 816.358.6868 • Fax: 816.313.0519
www.caagkc.org

Dear Head of Household,

CAAGKC Healthy Homes Program provides households with services to prevent and correct home hazards that affect their health and safety. Services include, but are not limited to: general cleaning education, cleaning kits and tools, clutter management, leaks, moisture, radon testing, smoke detectors, home safety repairs, minor home repairs, and other contractor services.

Households are eligible for our program if residence (rent or own) is in Clay, Platte, or Jackson County, Missouri. The combined income, before taxes or anything being taken out, must meet the federal income guideline of 200% or less. If you are unsure if you meet this guidance, this chart shows the max income per month:

Number of People living in your Household:	1	2	3	4	5	6	7	8	9	
How Much Total Income per Household (before Taxes):	\$2608.33	\$3525	\$4441.67	\$5358.33	\$6275	\$7191.67	\$8108.33	\$9025	\$9941.67	

Enclosed you will find the following documents:

- CAAGKC Intake Application
- Healthy Homes Application
- CAAGKC Acknowledgment and Consent Form
- Healthy Homes Acknowledgment and Consent Form

In addition we will need you to provide supporting documentation in the form of a photo or scan:

- Photo ID for all adults 18 and older (ex: state, federal, military, Etc)
- Proof of Social Security Number for every household member (ex: card, award letter, taxes, etc)
- Proof of residence (ex: lease, deed, mortgage statement, etc)

Please fill these forms out to the best of your knowledge and contact the Healthy Homes team at healthyhomes@caagkc.org when you are ready to submit all documents. We will send you a secure link where you will upload all documents. Please do not hesitate to reach out with any questions or concerns.

Please ensure that all documents are submitted together as this will allow the Healthy Homes Program Team to more quickly assist your household. Please note that there is an extensive wait list to be assigned to a case manager at this time. We encourage all applicants to apply to programs found in our resource guide while waiting for a case seat to open within the Healthy Homes program.

Sincerely,

Kayla Acklin
Healthy Homes Manager
kacklin@caagkc.org
816-358-6868 x8334

Family Intake Assessment and Referral Form

EXPLANATION OF ABBREVIATIONS & TERMS LISTED BELOW:

REL: Relationship to Head of Household **Race:** (B) Black (W) White (AI) American Indian (O) Other (OI) Other Islander (A) Asian

Head of Household Name	REL	Race	Education	Disabled	Insurance	Gender	Social Security #	Date of Birth
1.	SELF		Last Grade Completed:	Yes No	Check all that apply: Medicaid Private Medicare MC+ None			

Email:

Home Address	City	State	ZIP Code	Ethnicity	
		MO		Hispanic/Latino: Yes No	
Phone	Housing - Please Check One			Benefits	
	Own	Rent	Homeless	Public Housing	Other
	*Has your residence been weatherized?			Yes No	SNAP / Food Stamps: No Yes Amount:

List all monthly income (before taxes) & sources of income in the household: \$

Wages	SSI/SSA	TANF	Pension
Unemployment	Child Support	Other Income	
*Is any member in the household a veteran? Yes No			

Other Household Member Name	REL	Race	Education	Disabled	Insurance	Gender	Social Security #	Date of Birth
2.			Last Grade Completed:	Yes No	Check all that apply: Medicaid Private Medicare MC+ None			
3.			Last Grade Completed:	Yes No	Check all that apply: Medicaid Private Medicare MC+ None			
4.			Last Grade Completed:	Yes No	Check all that apply: Medicaid Private Medicare MC+ None			
5.			Last Grade Completed:	Yes No	Check all that apply: Medicaid Private Medicare MC+ None			
6.			Last Grade Completed:	Yes No	Check all that apply: Medicaid Private Medicare MC+ None			
7.			Last Grade Completed:	Yes No	Check all that apply: Medicaid Private Medicare MC+ None			

Do you need help with any of the following? Check all that apply (Yes/No)

Utilities?	Employment/Education?	Do you have children between the ages of 5-24 years? Would you be interested in our Youth Services Program? Yes No
Housing?	Unmet health needs?	
Child Care?	Food Assistance?	Are you currently receiving Child Support Services? (Please check one of the following.) Yes No N/A
Transportation?	Other?	

I understand the information provided is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of my application. I authorize this agency; their agents and employees to receive or provide information for the purpose of completing the application and hereby release the foregoing of and from any liability for services provided. I consent to the release of pertinent information to concerned social service agencies and vendors as necessary to complete services for my household or to provide statistics on emergency assistance or as a guard against duplication of assistance. I hereby authorize my fuel supplier or other vendors related to my household to release information concerning my fuel or other accounts as necessary to ensure timely processing of this application. I acknowledge, by my verbal consent, the information entered on this form is true and correct to the best of my knowledge.

Applicant's Signature:	Date:	Staff's Signature:	Date:
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OFFICE USE - Please list referrals:	1.	2.
Annual Income:	3.	4.
Monthly Total x =	5.	6.

Name: _____

Date: _____

HEALTHY HOMES APPLICATION (check all that apply)

How did you hear about us? _____ Preferred Contact Method: ☐ Call ☐ Text ☐ Email

Was your home built before 1978? ☐ Yes ☐ No Type of Home: ☐ Single Family ☐ Duplex ☐ Apartment/Condo

Has a medical provider recommended changing the home environment to improve a resident's health? ☐ Yes ☐ No

Pests: roaches: ☐ Yes ☐ No Where? _____ How Long? _____

Pests: mice/rats: ☐ Yes ☐ No Where? _____ How Long? _____

Pests: bedbugs: ☐ Yes ☐ No Where? _____ How Long? _____

Do you use pest sprays or bombs? ☐ Yes ☐ No Traps? ☐ Yes ☐ No How Often? _____

Mold and Moisture: ☐ Visible water/mold damage ☐ Musty odor evident ☐ Use dehumidifier ☐ Leaking Pipes

☐ Leaking Roof ☐ Water in Basement ☐ Broken Toilet ☐ Clogged Plumbing/Sewage ☐ Sewage Back Up

Temperature control: ☐ Difficult ☐ Easy ☐ Central Air Works ☐ Furnace Works ☐ Window A/C Works

Ventilation: ☐ Open windows ☐ Kitchen exhaust fan ☐ Bathroom exhaust fan ☐ Attic Fan (Whole-house Vent)

Are you experiencing any of the following? ☐ Electrical Malfunctions ☐ Gas Leaks ☐ Missing/Broken Gutters

☐ Accessibility Issues ☐ Broken Appliances ☐ Slips/Trips/Falls ☐ Excess Dust ☐ Excess Belongings or Clutter

Are you concerned about any of the following Home Hazards? ☐ Asbestos ☐ Lead ☐ Radon ☐ Child Safety

☐ Chemicals/Bleach stored in the open (Children Present) ☐ Smoke Detector ☐ CO Alarm ☐ Foundation

How often do you clean the house? _____ Do you have pets, what kind? _____

Explain Above Answers and Additional Concerns



Healthy Homes Program Agreements and Authorization

I _____, ☐ owner **OR** ☐ renter at _____
(Client Name) (Select ONE) (Address & Zip Code)

assumes responsibility for providing Community Action Agency of Greater Kansas City (henceforth referred to as CAAGKC) with accurate and complete information and records.

Hold Harmless

☐ Yes ☐ No I shall indemnify, defend and hold harmless CAAGKC, its officers, agents, employees and volunteers from all damages, costs or expenses in law or equity, including attorney's fees, that may at any time arise because of damages to property, bodily injury or personal injury received by reason of or in the course of this agreement which may be caused by willful, negligent or wrongful act or omission of CAAGKC.

Authorization to Enter

☐ Yes ☐ No I authorize CAAGKC and their agents to conduct a Healthy Home Assessment of my home. The assessment is for making improvements to my home based on need and availability of funding.

☐ Yes ☐ No I authorize CAAGKC to retain contractors to perform services, on my behalf, and provide them my contact information. While CAAGKC is providing services, I agree to the following:

- I have the right to agree or disagree with any services offered and/or recommended.
 - Once agreed upon, I will not interfere with the agreed upon service, contractor, or vendor.
- Only contractors hired by CAAGKC can perform work provided through the Healthy Homes.
- Only materials and products provided by CAAGKC can be installed in or on my home.
- CAAGKC staff, only, may supervise and direct contractors hired by CAAGKC.
- The contractor is under contract with CAAGKC and must follow their guidelines in conjunction with Federal, States and local codes and regulations.
- I agree to not interfere with or make additional or side contracts with contractors hired by CAAGKC
- All materials come with standard manufacturer's warranty. All claimed warranty work must be requested within the twelve (12) months after completion through CAAGKC.
- I will not hire external services on my home without discussing the need with my Case Manager.
- I also understand there will be **no charge** to me for these services.
- If asbestos is suspected (disturbed or undisturbed) my case will be deferred to the health department.

☐ Yes ☐ No I give permission for the CAAGKC Healthy Homes Case Manager to provide my contact info to contractors for agreed upon services so that they may assess the need, provide a quote, and then perform services.

Termination

This agreement begins on _____ and shall remain in effect until either party desires to terminate the agreement. Notice of termination must be provided in writing with at least 10 days' notice to complete close out assessment.

Client Signature

Case Manager Signature

Date

Provide a copy of this document to the client



Acknowledgment and Consent Forms

CLIENT CONFIDENTIALITY / RELEASE OF INFORMATION ACKNOWLEDGEMENT AGREEMENT

Under the terms of this Agreement, CLIENT agrees to release to CAAGKC information that is confidential and proprietary to CLIENT - Confidential Information to be used solely for the Agency's related statistics, services and programs. Confidential Information refers to any and all information of a confidential, proprietary, or secret nature which is or may be related in any way to the family, medical records, job history, present or future, of CLIENT or any related data. Confidential Information includes, for example, but not limited to: spouses or other family members, ages, salaries, financial standings, criminal records, medical records and all other pertaining to the family information. CAAGKC will consider all information received from CLIENT to be strictly confidential, as required by the Privacy Act, and subject to the restrictions of this Agreement; except for information that is (i) generally known to the public, (ii) in the possession of CAAGKC before receipt from the CLIENT, (iii) obtained later by the Agency from a third party without restriction on violation of Agreements.

CAAGKC will not disclose CLIENTS Confidential Information to any party without the prior written consent of CLIENT. CAAGKC may, however, disclose Confidential Information to its employees and/or programs but only if the employee has a legitimate need to know and has agreed to terms similar to those in this Agreement. Community Action Agency may also disclose this Confidential Information (i) to medical personnel in an emergency; (ii) to qualified personnel for research, audits, or program evaluation, as long as CLIENT identities are not identified; (iii) to a third party based on court orders; and (iv) to appropriate authorities in cases of suspected child abuse or neglect. CAAGKC will be responsible for any use or disclosure of Confidential Information by any of its employees or agents to third parties who should not share this information. ☐ YES ☐ NO

PHOTO, VIDEO, MEDIA RELEASE ACKNOWLEDGEMENT AGREEMENT

I hereby give Community Action Agency of Greater Kansas City (CAAGKC) permission to interview, videotape, or photograph me with the purpose of using said words or images in the media, in agency publications such as newsletters, brochures, and advertisements, or other printed or broadcast material. I understand that portions of my words, photos, or video may be edited or altered by CAAGKC or the news media without my expressed knowledge or approval. I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for CAAGKC use of any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied. ☐ YES ☐ NO

CUSTOMER GRIEVANCE/COMPLAINT POLICY ACKNOWLEDGEMENT AGREEMENT

Community Action Agency of Greater Kansas City customers are treated fairly without regard to race, color, sex, national origin/ancestry, religion, disability, veteran status, and any other characteristic protected by applicable affirmation laws. It is our intent to provide professional services to customers who apply for individual programs we administer. If a customer has a grievance/complaint he/she should immediately contact the manager of the program involved for resolution. Contact information will be provided by the Receptionist of CAAGKC. ☐ YES ☐ NO

Participant Name

Date

Participant Signature

CAAGKC Staff Signature

Date