

Newport Health Residents, Health Homes Project & Evaluation

Consent to Participate

Project Goals

The goal of the project is to reduce the burden of asthma and other breathing problems on individuals and families living at Newport Housing Authority (NHA). Earlier you completed a survey which indicated that at least one person in your home had asthma and that there were housing conditions that may need repair and/or a family member without health insurance.

I am visiting you today as a representative from NHA to learn more about housing conditions in your home and health issues that may be a concern for your family. During the visit, I will ask you some additional questions about asthma and health so that NHA can understand your family's unique situation. I would also like to walk through your home with you to identify housing conditions linked to asthma that might need repairs. At the end of the visit, together, you and I will complete an action plan which outlines asthma, health, and housing goals.

The information will be used by NHA and Healthy Residents Healthy Homes Coalition to undertake housing repairs and make referrals to health and community agencies that can provide assistance with health care issues. The Coalition includes staff from NHA, East Bay Community Action, RI Department of Health and Neighborhood Health Plan.

Participation

Participation in this project is voluntary and residents may end their participation at any time. Participants may choose not to answer any questions that they do not want to answer.

If you decide not to participate, it will not change your right to housing through NHA. Your answers to questions during our visit will not change your right to housing through NHA.

Resident Benefits

- Housing conditions needing repair or attention will get special.
- Family members without health insurance will be identified and referred to services that can help obtain insurance.
- Family members with asthma will get access to information and resources to help manage the disease.
- Family members who smoke and are interested in quitting will be connected to services that can help them.

Risk to You & Your Family

This project does not present any foreseeable physical risks to you or your family.

Confidentiality

All information that identifies you and your home will be kept confidential by the Newport Housing Authority.

Before project staff make a referral to an outside agency, staff will talk with you to make sure that you agree to this action and release of your information.

The NHA is planning to seek assistance from outside agency to help assess the effectiveness of the project. By signing this form, you agree that the NHA can share information collected with the other agencies/organizations as long your and your family member's names and street address are removed from a data report so that the information cannot be personally traced to you or your family.

What should you do if you have a question?

If you have any questions about this project, you may contact Jim Reed, Executive Director, Newport Housing Authority. Mr. Reed can be contacted at 401-847-0185 x205.

Agreement to Participate

I, _____, consent to participate in the Newport Healthy Residents, Healthy Homes Project & Evaluation.

I have received and reviewed this consent form, which describes the projects and my rights as a participant.

_____ Date: _____
Participant Signature

I, _____, agree to allow the staff of Newport Housing Authority to make health and other community referrals on behalf of myself and my family.

_____ Date: _____
Participant Signature

_____ Date: _____
Witness (Interview or Survey Staff)