

CEHRC Resident Agreement

_____ (*organization name*) is checking homes for health hazards (at no charge) and is working to improve housing conditions for residents in our community. This service is supported by the national Community Environmental Health Resource Center (CEHRC, pronounced “search”) with funds from the US Department of Housing and Urban Development (HUD). This agreement, between our organization and _____ (*resident’s name*) who lives at _____ (*address*), describes how we will work together to check for some health hazards in this home and what will happen with the results. The attached fact sheet “*Having Your Home Checked for Health Hazards*” explains what health hazards are often found in older housing, why they matter, and how we check for them.

OUR ORGANIZATION AGREES TO THE FOLLOWING:

- We will send a volunteer or staff member who has been properly trained to check your home, at no charge to you, for the following hazards: ___Lead in dust___ Lead in loose paint chips___ Lead in soil___ (if there’s a yard with bare soil)
Other hazards: _____
- We will need to visit your home to check your home, give you the results, and discuss possible follow-up steps on any hazards found. We will make appointments at times that are convenient for you.
- These tests will not harm anyone or damage your home or belongings. We will let you know about anything you need to do before or during the tests. You will always be able to watch us do the testing and ask questions. If you have questions later, please call our office at _____ (*phone #*).
- We might take photographs of some possible hazards, unless you do not want us to.
- Some of the samples we collect will be sent to a lab for the results. When we get lab reports back, we will promptly meet with you to give you a written report, explain the results, and discuss options for action. If your home has hazards, we will provide a copy of CEHRC’s fact sheets on “*What to Do If Your Home Has Hazards.*”
- We will put you in touch with other residents who are concerned about health hazards in housing if you are interested in working with others to ensure our community’s homes are safe.
- We will help you understand your legal rights and, if needed, refer you to any available legal services or other agencies that may be able to help see that hazards are corrected.
- Results that identify your address, but not your name, will be reported to our funders (the Alliance for Healthy Homes and HUD). We may include your name on CEHRC’s lab records to help us keep track of the data for your unit. Reports that identify you or your specific address will not be released to anyone else without your advance written agreement.

THE RESIDENT AGREES TO THE FOLLOWING:

- I want to take advantage of the opportunity to have your organization check my home for the health hazards listed above.
- I will schedule time for your organization’s trained volunteers and/or staff to check my home. If I am not home, I authorize _____ to let you check my home.
- I want your volunteers and/or staff to meet with me, give me a written report and explain the results, after the lab reports come back. If my home has hazards, I will want to discuss my options for getting the problem fixed.
- As long as you do not identify my name or specific address, I agree that your organization may use results from the assessment of my home for hazards as part of your organization’s campaign or other efforts to improve housing in our community.
- I will consider working with your organization and with other community members who are concerned about health hazards in our homes.
- I have read this agreement (or _____ has explained it to me) and I understand it.

_____ Date

_____ Resident (*sign and print name*)

_____ Organization Representative (*sign and print name*)