

Health Provider Referral Resource to Reduce Indoor Allergens in Homes of Patients with Asthma

The NYC Health Department accepts referrals from providers of patients with diagnosed moderate persistent or severe persistent asthma living with pests (mice, rats and/or cockroaches) and/or mold in the home.

- Asthma is a leading cause of emergency room visits, hospitalizations, and missed school days in New York City's poorest neighborhoods.
- Low-income children and adults who live in poorly maintained housing are especially at risk of indoor allergen exposure.
- Studies have found that children with asthma living in housing largely free of mice and cockroaches have fewer symptom days, fewer hospitalizations, and fewer school absences than those in homes with pests.¹

How the Program Works

- Patients in NYC with moderate persistent or severe persistent asthma that have mold and/or pests in the home can be referred by you, upon patient consent, to the Healthy Homes Program (HHP).
- HHP will contact the family to make an appointment for a home inspection. The inspection will look for pests (mice and roaches) and mold, and building conditions that result in pest and mold, like leaks, cracks and holes.
- HHP will contact the building owner to get the problems fixed. The owner will be given 21 days to fix the problems and HHP will do a follow-up inspection to determine if the repair work has been completed.
- The referring provider will be updated on the status of referrals if requested.

How to Refer a Patient

It is easy! You can make a referral via the Online Registry by signing in with your user ID and password at: <http://nyc.gov/health/cir> . If you do not have an online account yet, you can call (347) 396-2400 for help creating an account. Otherwise, complete the form on the reverse side of this fact sheet and fax it to the number listed. Our staff is also glad to come and present the program to your staff.

¹ Gruchalla RS, Pongracic J, Plaut M, et al. Inner City Asthma Study: relationships among sensitivity, allergen exposure, and asthma morbidity. *J Allergy Clin Immunol.* 2005;115(3):478-485. 10.1016/j.jaci.2004.12.006.

Mold and Pest Enforcement Referral Form for Patients with Asthma

Please Print Clearly and Check All That Apply

Referral Criteria

- Does the patient have moderate persistent or severe persistent asthma? YES NO
- Have pests (mice, rats or cockroaches) or mold been observed in the home? YES NO
- Does the patient (or patient's guardian, if younger than 18 years old) consent to an inspection by the NYC Health Department? YES NO

*Acceptance of this service is not mandatory. Families can cancel the service at any time.
This service is limited to patients living within the 5 boroughs of New York City.*

If all 3 boxes are checked YES, fax completed form with the subject "Asthma Indoor Allergen Referral" to:
(347) 396 – 8935

NYC DOHMH will contact the family to set up an appointment after receiving the referral. If the inspector finds a pest or mold condition, the building owner will be ordered to safely correct the problem by making required repairs.

Household Information

Patient Name: _____ Date of Birth: _____

Address, Apt #: _____ Borough/
Zip Code: _____

Guardian's Name: _____ Guardian
(If patient is younger Relationship: _____
than 18 years old)

Phone #: _____ Best time to call: _____

Email address(optional): _____ Primary language spoken
by parent/caregiver: _____

Referring Hospital/Clinic Information

Name of Referring Clinic/
Facility _____

Name of Person Making Referral: _____ Date of Referral: _____

Contact Phone #: _____ Contact Email: _____

Name of Treating Physician: _____

Additional Comments/Notes/Description of Problem (optional):