



Healthy Neighborhoods Program Referral Resource for Patients Who Have Asthma

The NYC Health Department's Healthy Neighborhoods Program (HNP) accepts referrals from health care providers for patients who have diagnosed moderate or severe persistent asthma and pests (cockroaches, mice, or rats) or mold in the home. Referrals can only be made with patient consent.

How the HNP Works

The HNP will contact the patient to schedule a free home inspection. During the inspection, an inspector from the HNP will look for pests, mold, and conditions that may result in pests and mold (such as leaks, cracks, and holes).

The HNP will contact the patient's property manager, building owner, or agent to get the problems fixed. The property manager, building owner, or agent will then have 21 days to fix the problems. The HNP will perform a follow-up inspection to determine if the problems have been fixed.

Referring providers will be updated on the status of their referrals, if requested.

How To Refer a Patient to the HNP

It is easy! You can make a referral via the Citywide Immunization Registry's (CIR) Online Registry by signing in with your user ID and password at immunize.nyc.gov/prod/online-registry. If you do not have an Online Registry account, call the CIR at 347-396-2400 or visit on.nyc.gov/cir-faq for help creating one. Otherwise, complete the form on the other side of this sheet and fax it to 347-396-8935 or email it to nychnp@health.nyc.gov.

For more information, visit nyc.gov/health and search for [healthy neighborhoods program](#).

Pest and Mold Enforcement Referral Form for Patients Who Have Asthma

Please print clearly and check all that apply.

Referral Criteria

Does the patient have diagnosed moderate or severe persistent asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have pests (cockroaches, mice, or rats) or mold been observed in patient's the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient (or the patient's guardian, if the patient is younger than age 18) consent to an inspection by the NYC Health Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If all three boxes are checked **yes**, fax the completed form to 347-396-8935 or email it to nychnp@health.nyc.gov, with "Asthma Indoor Allergen Referral" in the subject line.

The NYC Health Department will contact the patient to schedule an inspection after receiving the referral. **Acceptance of this service is not mandatory. Patients can cancel this service at any time. This service is limited to patients living in the five boroughs of NYC.**

Patient Information

Name: _____ Date of birth: _____

Guardian's name: _____ Address (street address, apartment number, city, state, ZIP code): _____

Guardian's relationship to patient: _____

Primary language: _____ Phone number: _____

Email: _____ Best time to call: _____

Referring Provider Information

Name of referring clinic or facility: _____

Name and title of person making referral: _____

Date of referral: _____ Contact phone number: _____

Name of treating physician: _____ Contact email: _____

Additional Notes, Comments or Description of Problem (Optional)
