

## Healthy Homes Vermont Pilot Customer Participation Agreement and Consent

### **Healthy Homes Pilot Program:**

Vermont Energy Investment Corporation d/b/a Efficiency Vermont (“Efficiency Vermont”), XXX Hospital, Inc. (“XXX”), XXX CBO, Inc. (“XXX”), and the XXX (“XXX”) (collectively referred to as “Program Partners”) are working together to offer a pilot program, called the XXX Pilot (“Healthy Homes Pilot Program” or “Program”). The Healthy Homes Pilot Program seeks to assess the impact of weatherization services plus efficiency measures (“Weatherization Plus Health”) on health, behavior, use of healthcare and weatherization services, and energy consumption. The information and knowledge gained from the Healthy Homes Pilot Program will be used to expand Vermont-specific evidence related to the intersection of energy efficiency and health so that this evidence may be used to inform future policy and program decisions.

The Healthy Homes Pilot Program will operate from XXX to XXX.

### **Program Services:**

If you chose to participate in the Healthy Homes Pilot Program, you will be pre-screened by XXX Hospital to ensure you meet the health eligibility requirements for participation in the Program. If you meet the health requirements, XXX Hospital will refer you to XXX CBO to ensure you meet the income eligibility requirements. Once approved by XXX Hospital and XXX CBO, XXX CBO and Efficiency Vermont will conduct an initial home assessment to ensure your home is a good fit for the Program. If you meet all the requirements and your home is a good fit, you will be given the option to enroll in the Healthy Homes Pilot Program. Participants enrolled in the Program will receive services at no cost from the Program Partners. To help you understand the services that each Program Partner will provide to you during your participation in the Program, we have outlined the services generally below.

#### **XXX Hospital:**

- Will **administer health surveys** to you in-person and over the telephone to assess the impact of the Program’s services on your health and wellbeing and your home’s comfort and efficiency;
- Will **provide education on health products** that can be used to reduce common health triggers and alleviate lower-respiratory symptoms, such as HEPA vacuums, bed and pillow covers, wedge pillows, bronchodilator spacers, green cleaning products, food storage tubs, air purifiers and more based on your health assessment results;
- Will **provide in-home health and behavioral education as it pertains to your asthma**; and
- Will **track and report to the Program Partners changes to health, behavior and medication use as it pertains to your asthma.**

#### **Efficiency Vermont:**

- Will **serve as the Program Project Coordinator.** If you have any questions regarding the Program at any point, please contact Efficiency Vermont’s Program Coordinator XXX by telephone at XXX or by email at XXX.
- Will **serve as a technical advisor to the other Program Partners** in assessing energy efficiency and healthy home opportunities and evaluating energy consumption and saving opportunities.

- Will **conduct pre- and post-project indoor air quality monitoring** which may include but is not necessarily limited to monitoring for particulate matter (PM), carbon dioxide (CO<sub>2</sub>), radon, nitrogen dioxide, carbon monoxide, relative humidity (RH) and temperature and **pre- and post-project outdoor air quality monitoring** which may include but is not necessarily limited to PM, nitrogen dioxide, RH and temperature;
- May **install balanced ventilation equipment.**

XXX CBO:

- Will **conduct a walk through and energy audit** of your home to identify energy efficiency as well as health and safety opportunities. These opportunities may include but are not necessarily limited to:
  - Gas appliance and combustion safety testing and repairs;
  - Spot ventilation for gas cook-tops and ovens, bathrooms and dryers;
  - Targeted moisture mitigation and air sealing and insulation measures;
  - Targeted space heating and water heating system repairs/replacements;
  - Electrical efficiency measures (appliances, lighting, etc.);
  - Carpet removal and smooth surface flooring installation in patient primary sleeping and living areas; and
  - Integrated pest management.
- Will **provide energy coaching** on how your home is currently using energy and opportunities for saving through behavior changes.

XXX:

- Will **provide funding for installation of energy efficiency plus health measures.**

**Participation Requirements:**

I understand and acknowledge that my participation in the Program will require me to provide access to my home to the Program Partners and their contractors and to modify some of my behaviors while participating in the Program (for example, I will be required to keep my home in “winter mode” by keeping the exterior doors and windows shut during the indoor air quality testing period and may be required, to stay at other temporary accommodations which I will arrange for myself during the installation of certain energy efficiency improvements to help protect my health). I also understand and acknowledge that I will be required to refrain from certain activities such as smoking or allowing others to smoke in my home. I also understand and acknowledge that some of the equipment installed in my home will require use and on-going maintenance to be performed by me (for example, running ventilation systems and ventilation filter cleaning, using a vacuum regularly and vacuum bag replacements), and after conclusion of the Program may require periodic professional service that I will have to pay for (for example, cleaning and or maintenance of heating systems).

**Benefits and Risks:**

**Participation in the Program is voluntary.** Program Partners cannot guarantee or promise that you will receive any benefits from participating in the Program. Potential benefits may include better control of asthma, improved quality of life, decreased use of healthcare services and medications, lower healthcare bills, lower energy consumption, energy cost savings and improved home durability and comfort. I understand and acknowledge that participation in the Healthy Homes Pilot Program includes inherent risks and hazards (for example, failure to properly use and maintain installed

ventilation system(s) may result in poor indoor air quality, and installation of specific materials, such as spray foam, may result in adverse reactions to my health or others living in my home). The Program Partners will take precautions to limit those risk and hazards; however, I understand and acknowledge that it is my sole responsibility to research and weigh those risks against the potential benefits prior to enrolling in the Program and to advise the Program Partners of any known chemical sensitivities for myself or individuals living in my home. I further understand that I can terminate my participation in the Program at any point without recourse by contacting the Program Coordinator, XXX by email at XXX or by telephone at XXX. I understand that if I terminate my participation in the Program, my decision will have no impact on my ability to receive services outside of this Program from the Program Partners. I also understand that the Program Partners, at their sole discretion, can terminate my participation in the Program. Possible reasons for termination may include but are not limited to violating the terms of this agreement.

#### **Release and Waiver of Liability:**

I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, hereby release, waive, discharge, and covenant not to sue the Program Partners, their officers, directors, employees or agents (hereinafter referred to as "Releasees") for any and all liability, including any and all claims, demands, causes of action (known or unknown), suits, or judgments of any and every kind (including attorneys' fees), arising from any injury, property damage or death that I may suffer as a result of my participation in the Program, regardless of whether the injury, damage or death is caused by the negligence of the Releasees or otherwise.

#### **Confidentiality**

By participating in the Healthy Homes Pilot Program, I understand and acknowledge that it may be necessary for a Program Partner to share my personal information and records with other Program Partners and their contractors to facilitate services or to evaluate the Program, and I consent to such sharing of my personal information and records. In return for my consent, the Program Partners and their contractors agree to protect my personal information and not to disclose my personal information to third parties beyond the Program Partners and their contractors unless I have provided my additional written consent.

#### **Program Data:**

I understand and acknowledge that one of the primary purposes of the Pilot Program is to disseminate information and knowledge gained through the Program about the intersection of energy efficiency and health to inform future policy and program decisions. To support the goals of the Program, I consent to:

- My information being shared publicly in anonymized or aggregate form (for example, reports, white papers or presentations);
- XXX CBO sharing my energy data (e.g. electric, gas or oil) with the other Program Partners for a period up to five years after Program completion; and
- XXX Hospital sharing de-identified health information for quality improvement purposes only

#### **Compensation**

The Program Partners value your participation in the Program. In return for your participation, the Program Partners will provide you with a \$20 gift card to Shaw's at the conclusion of the Program.

**By signing below, I acknowledge that I have read and understood the above information, voluntarily agree to participate in the Healthy Homes Vermont Pilot Program, agree to the Program terms and conditions described above, and agree to the Release and Waiver of Liability set forth above.**

\_\_\_\_\_  
Participant Signature (or Parent/Legal Guardian if Participant is under 18<sup>1</sup>)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant (and Print Name of Parent/Legal Guardian if Participant is under 18)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Participant Date of birth

\_\_\_\_\_  
<sup>1</sup> I understand that, as a minor (age less than 18 years), the above-named child is not permitted to participate in this Healthy Homes Pilot Program without my consent. Therefore, by signing this agreement, I give my consent for his/her participation in the Program.