



Lead Release Form

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

1. How many children in the household are under the age of six (6)? _____ (List all below)

Name of Child(ren) under age 6 (First & Last Name)	Date of Birth	Male or Female	Relationship to child (Parent, grandparent, foster, aunt, guardian, etc.)

2. Are there any children under the age of six (6) in the household with an elevated blood lead level? Yes No

3. If yes to question #2, indicate how many children do? _____.

Please indicate the child's or children's name and blood lead level below. **(You are required to provide the HACFL with a copy of the blood test results.)**

Name of Child(ren) under age 6 with an Elevated Blood Lead Level (First & Last Name)	Blood Lead Level

I authorize the HACFL to obtain information on:

- A. Blood lead level test results for all of my children under the age of six (6).
- B. Any reports completed by the local health agencies concerning lead testing for a current, past unit or future unit.

Head of Household/Guardian: _____
(Signature)

Date: _____

THIS FORM DOES NOT GO TO THE AGENT/OWNER OR LANDLORD

(Office Use Only)

Housing Specialist: _____ Date: _____

Specify: Participant Applicant