

LEAD HAZARD REDUCTION GRANT PROGRAM (Federal Lead)
MAINE LEAD PAINT HAZARD ABATEMENT PROGRAM (State Lead)

BLOOD TESTING RELEASE

Project Funding: State Lead Federal Lead Healthy Homes **Project Type:** Single-Family Multi-Family

Agency (CAA): _____ **Intake Staff Name:** _____
_____ **Intake Staff Phone:** _____
_____ **Intake Staff Email:** _____

Applicant (Owner): _____	Co-Applicant: _____
Property: _____	Tenant: _____
_____	Apt#: _____

INSTRUCTIONS: Return completed and signed Blood Testing Release to the above-named CAA.

Date _____

It is recommended that all children under six years of age have their blood lead level tested prior to hazard control work in your home. If your children have not received a blood test in the past **three (3) months**, you should contact your child's primary health care provider or the local health department to arrange for a test.

Please check one of the following- the one which best describes your children:

My children under six **have** had their blood lead levels tested in the past **three (3) months**. Please identify

Provider Name _____ **Date of Test** _____

I hereby authorize the provider to release the results of this (these) blood test (s) to the Lead Hazard Reduction Grant Program.

My children under six **have not** had their blood lead levels tested in the past three **(3) months** and I agree to have them tested at this time.

For Religious purposes and/or personal reasons, I choose **not to have** my child (children's) tested for lead.

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the Lead Hazard Reduction Grant Program

Parent or Guardian Signature

Date

Parent or Guardian Name