

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

QUARTERLY REPORT: SUPPLEMENTAL INFORMATION
For individual, completed units

Project Funding: State Lead Federal Lead Healthy Homes
Agency (CAA): _____

DHHS Project Type: Single-Family Multi-Family
CAA Rep Name: _____
CAA Rep Title: _____
CAA Rep Phone: _____
CAA Rep Email: _____

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

Apartment/Unit #: _____	Are children covered by MaineCare?	
Total # of rooms in unit: _____	Yes	No
# of children with EBLL: _____		

Key Dates:			
Enrollment date	_____	Work started date	_____
Assessed date	_____	Clearance achieved date	_____

of rooms treated in unit: _____
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Areas Abated (check all that apply):	
<input type="checkbox"/> Interior	<input type="checkbox"/> Basement
<input type="checkbox"/> Exterior	<input type="checkbox"/> Ground floor
<input type="checkbox"/> Common Area	<input type="checkbox"/> Upper level(s)
<input type="checkbox"/> Crawl space	<input type="checkbox"/> Attic

Relocation Total:	\$ _____
Abatement Total:	\$ _____