

Cerro Gordo County Lead Hazard Control Grant Program Parent/Guardian Verification of Child Care (Visiting Child)

Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful and/or false statements of misrepresentation to any department of any agency of the United States and any other matter within its jurisdiction.

Name of Applicant:				
Applicant Address:				
My child/children do not reside at the ab "Significant" is defined by HUD as at le total) and at least 60 hours total per cale YES NO	east three hours per day or	n two separate d		week
If Yes, how many hours are spent per: _	Day	Week	Yearly	
Child's Name	Birth Date	Birt	h Certificate Provided (Y/N) (Requirement))
Release of Blood Lead Level Test Ress I understand that blood tests will be taked be referred to their primary medical provides Gordo County Department of Public He must have occurred within 6 months price Cerro Gordo County Department of Public to the Cerro Gordo County Lead Hazard medical treatment needed due to an eleveration of the Information Covered I understand that, depending on program my household may be needed. Verification employment, income, assets, residence,	en of resident children 5 yvider for blood lead testing alth. If a child was tested or to start of intervention blic Health, I authorize the Control Grant Program. The rated lead level is my responsible and requirementions and inquiries that materials are started to the control of the contr	ng. Children that I prior to enroll work. If my che I owa State Hy. I further understonsibility.	at are uninsured will be tested ment in the program, blood leat ild and/or children are tested to gienic Lab to release blood test tand that any follow-up testing current information regarding include but are not limited to:	at Cerro ad testing through st results g or me or
Parent/Guardian Signature:			Date:	
Parent/Guardian Printed Name:			-	
Parent/Guardian Address:				
Parent/Guardian Telephone Number:				
Parent/Guardian Email Address:				
Rest Contract Method:				



Cerro Gordo County Lead Hazard Control Grant Program Parent/Guardian Verification of Child Care Instructions

Dear Parent(s)/Guardian(s):

You are receiving this letter and verification form because of the Applicant applying for this assistance from the Cerro Gordo County's Lead Hazard Control Grant Program. The funding will assist the owner in removing dangerous lead hazards from the property to prevent childhood lead poisoning and make the property lead-safe.

This form allows the Applicant to meet an eligibility requirement by verifying that a child or children five years of age or under visits the property a significant amount of time, defined as at least 6 hours per week (3 hours on 2 separate days).

Please note, as part of the program, each child five years of age or under is required to be tested for lead poisoning prior to or within the last 6 months before construction begins. The family will be directed to their family's primary care physician for testing. Uninsured children will be tested at the Cerro Gordo County Department of Public Health Immunization Clinic, in which program funds will be used to cover the reimbursement costs of blood lead testing. Any child with an elevated blood lead level (EBLL) must be referred for appropriate medical follow-up. The security of medical information will be protected in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

It is also necessary to provide proof of age, such as a birth certificate, for each child five years of age or under.

Thank you for your cooperation in helping the Applicant to provide a safe environment for your child or children.

You may also be interested in applying for assistant for your own home, if eligible. More information can be found at http://cghealth.com/topics/hud/ or by calling 641-421-9301 if you have any questions or need further information.

Sincerely,

Cortney Perrin Cerro Gordo County Department of Public Health Lead Based Paint Hazard Control Grant Program 22 N. Georgia Ave. Suite 300, Mason City, IA 50401

Phone: 641-421-9301 Fax: 641-421-9351

E-mail: cperrin@cghealth.com