



## **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, your daycare provider, applying for this assistance from the Cerro Gordo County's Lead Hazard Control Grant Program. The funding will assist the property owner in removing dangerous lead hazards from the property to prevent childhood lead poisoning and make the property lead-safe.

This verification 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, 60 hours per calendar year).

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 your daycare provider make a lead safe environment for your child or children.

You may also be interested in applying for assistance 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](mailto:cperrin@cghealth.com)



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

*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's Address: \_\_\_\_\_

My child/children do not reside at the above unit; however they spend a "significant" amount of time visiting. "Significant" is defined by HUD as at least three hours per day on two separate days in a week (six hours per week total) and at least 60 hours total per calendar year. Check Yes or No:  
YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, how many hours are spent per: \_\_\_\_\_ Day \_\_\_\_\_ Week \_\_\_\_\_ Year

Child's Name	Birth Date	Birth Certificate Provided (Y/N) (Requirement)

**Release of Blood Lead Level Test Results**

I understand that blood tests will be taken of resident children 5 years of age or under before work begins. Families will be referred to their primary medical provider for blood lead testing. Children that are uninsured will be tested at Cerro Gordo County Department of Public Health. If a child was tested prior to enrollment in the program, blood lead testing must have occurred within 6 months prior to start of intervention work. If my child and/or children are tested through Cerro Gordo County Department of Public Health, I authorize the Iowa State Hygienic Lab to release blood test results to the Cerro Gordo County Lead Hazard Control Grant Program. I further understand that any follow-up testing or medical treatment needed due to an elevated lead level is my responsibility.

**Information Covered**

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to: identity, employment, income, assets, residence, rental activity, ownership, property taxes, etc.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Telephone Number: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Best Contact Method: \_\_\_\_\_