

# APPENDIX C

## Lead Release Form

Lead Release Form				
Name: _____		Voucher#: _____		Client Status: Active Searching
Current Address: _____			Zip: _____	
1. How many children in the household are under the age of six? (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 6 in the household with an elevated blood lead level?				
3. If yes to question #2, how many? _____				
Please indicate the child's blood level. <b>You need to provide the Chicago Housing Choice Voucher Program with a copy of the child's blood test.</b>				
Name of Child(ren) under age 6 with an Elevated Blood Level (First & Last Name)	Blood Lead Level			
I am authorizing the Chicago Housing Choice Voucher Program to obtain information on:				
A. Blood level test results conducted by the Chicago Department of Public Health Environmental Lead Program for all of my children under the age of six (6).				
B. Any reports completed by the Chicago Department of Public Health concerning lead testing for a current, past unit or future unit:				
Head of Household/Guardian: _____	Date: _____			
(Signature)				
<b>THIS FORM DOES NOT GO TO THE AGENT/OWNER OR LANDLORD</b>				
(OFFICE USE ONLY) Must be filled out by staff				
Program Type: _____ (New Admissions, Program Services, Mod-Rehab, FSS, HOP, FUP)				
PUT ORIGINAL IN TENANT'S FILE AND GIVE A COPY TO PERFORMANCE MANAGEMENT ASSISTANT				
Housing Specialist: _____	Department Extension: _____			

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## Lead Education Initiative Checklist

### Lead Education Initiative

#### Checklist

#### The Lead Information Packet Contains:

- “Learn to Protect Your Child from being Poisoned”
- Educational contacts for information on lead and community-based health center
- “Protect Your Family from Lead in Your Home” – Environmental Protection Agency (EPA) pamphlet
- Lead release form– tenant MUST fill out, sign & return

#### Confirmation of Receipt of Lead Education Initiatives

I have received the Lead Education Initiative Package containing all of the documents listed above:

Tenant Name: \_\_\_\_\_ Voucher #: \_\_\_\_\_  
(Please Print Clearly)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **IMPORTANT: Please remember**

If you turn in a Request for Inspection (RFI) and you have a child with a confirmed elevated blood level, there may be a slight delay in the process. For the protection of your child, you must provide the Chicago Housing Choice Voucher Program with a copy of the blood test results and we will require the Chicago Department of Public Health to conduct a risk assessment of the residence for lead hazards prior to sending out a voucher program inspector to conduct the HQS inspection.