

Lead Hazard Reduction Program
Non Resident Child Form

I attest that the following children are under the age of 6 and that they regularly visit my home (at least 6 hours per week) but do not reside at this address. A copy of the children's birth certificates or a notarized statement is enclosed.

Name of child	Date of Birth

Name of Parent or Guardian	Telephone number

Blood Lead Testing is required within a six month period preceding the lead hazard control work, unless the parent or guardian signs the refusal line.

Parent's or Guardian's Signature

Date

Applicant Signature date

Applicant Signature date

For religious or personal reasons, I do not consent to have my children's blood lead level tested. _____