

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

**BLOOD TESTING RELEASE**

Project Funding:  State Lead  Federal Lead  Healthy Homes DHHS Project Type:  Single-Family  Multi-Family

Agency (CAA): \_\_\_\_\_ CAA Rep Name: \_\_\_\_\_  
\_\_\_\_\_ CAA Rep Title: \_\_\_\_\_  
\_\_\_\_\_ CAA Rep Phone: \_\_\_\_\_  
\_\_\_\_\_ CAA Rep Email \_\_\_\_\_

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

**INSTRUCTIONS:** Return completed and signed Blood Testing Release to the above-named CAA.

Date \_\_\_\_\_

It is recommended that all children under six years of age have their blood lead level tested prior to hazard control work in your home. If your children have not received a blood test in the past **three (3) months**, you should contact your child's primary health care provider or the local health department to arrange for a test.

**Please check one of the following- the one which best describes your children:**

My children under six **have** had their blood lead levels tested in the past **three (3) months**. Please identify

**Provider Name** \_\_\_\_\_ **Date of Test** \_\_\_\_\_

I hereby authorize the provider to release the results of this (these) blood test (s) to the Lead Hazard Reduction Grant Program.

My children under six **have not** had their blood lead levels tested in the past three **(3) months** and I agree to have them tested at this time.

For Religious purposes and/or personal reasons, I choose **not to have** my child (children's) tested for lead.

I/We voluntarily disclose this information. I/We understand that disclosure of this information is not required for participation in the Lead Hazard Reduction Grant Program

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Name