

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

QUARTERLY REPORT: SUPPLEMENTAL INFORMATION
For individual, completed units

Project Funding: State Lead (Z267) State Lead (N261) Federal Lead Healthy Homes DHHS

Agency (CAA): _____ CAA Rep Name: _____

_____ CAA Rep Title: _____

_____ CAA Rep Phone: _____

_____ CAA Rep Email: _____

Project Type: Single-Family Multi-Family

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

Apartment/Unit #: _____	Are children covered by MaineCare?	
Total # of rooms in unit: _____	Yes	No
# of children with EBLL: _____		

Key Dates:			
Enrollment date	_____	Work started date	_____
Assessed date	_____	Clearance achieved date	_____

of rooms treated in unit: _____
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Areas Abated (check all that apply):	
<input type="checkbox"/> Interior	<input type="checkbox"/> Basement
<input type="checkbox"/> Exterior	<input type="checkbox"/> Ground floor
<input type="checkbox"/> Common Area	<input type="checkbox"/> Upper level(s)
<input type="checkbox"/> Crawl space	<input type="checkbox"/> Attic

Relocation Total:	\$ _____
Abatement Total:	\$ _____