

# Lead Release Form

**Name:** \_\_\_\_\_ **Voucher#:** \_\_\_\_\_ **Client Status:**  
 Active   
 Searching

**Current Address:** \_\_\_\_\_ **Apt.#** \_\_\_\_\_ **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 15ug/dl or above? \_\_\_\_\_**

**3. If yes to question #2, how many? \_\_\_\_\_ Please indicate the child's blood level.**

**You need to provide the Baltimore Mobility Program with a copy of the child's blood test**

Name of Child(ren) under age 6 with an Elevated Blood Level (First & Last Name)	Blood Lead Level

I am authorizing BRHP to obtain information on:

- A. Blood level test results conducted by the Baltimore City Health Department, Childhood Lead Poisoning Prevention Program for all of my children under the age of six (6).
- B. Any reports completed by the Baltimore City Health Department or State of Maryland concerning lead testing or correction of lead hazards for a current, past unit or future unit:

**Head of Household/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature)

**THIS FORM DOES NOT GO TO THE AGENT/OWNER OR LANDLORD**

(OFFICE USE ONLY)  
 Must be filled out by staff

**Intake Specialist:** \_\_\_\_\_ **Extension:** \_\_\_\_\_

**Program Type:** \_\_\_\_\_ (Initial, Recert, Mobility, etc)