The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.

# Institute for Extended Learning

## Spokane County Head Start/ECEAP/Early Head Start

Administrative Office MS 1050 ▪ 4410 N Market St ▪ Spokane WA 99207-5829
509-533-8500 ▪ FAX 509-533-8599

## Dear Primary Care Provider*:

In May 2008 the Office of Head Start issued an Information Memorandum regarding the "Childhood Lead Poisoning Prevention Collaboration" (ACF-IM-HS-08-07) to clarify and reiterate the requirements:

1. Medicaid eligible children receive screening blood tests at:
   - Age 1
   - Age 2
   - Ages 3-5 (One test needed if not done at ages 1 and 2.)

*2. If medical providers **do not** perform lead screening blood tests, the program is required to find community resources.

### INSTRUCTIONS

1. Review information.
2. Check appropriate box
3. Return this completed form to Head Start/ECEAP/EHS (Fold, tape and mail.)
4. Or, fax to_____

*Thank you for your help!*

**The parent has identified that his/her child:**

❒ may have received a screening blood test at _____ mos. of age.

❒ has not received a screening blood test.

**As the child's medical provider**, please provide the following requested information and/or your recommendation by checking the appropriate box below.

❒ Date_____ and numeric results_____ug/dL

❒ I will order a screening blood test.

❒ I ask that you assist the family to seek a community resource for the screening blood test.

Physician's signature_____ Date_____

## Parental Authorization for Release of Information

Parent/legal guardian *(please print)*_____

I hereby authorize: Head Start/ECEAP/EHS
AND
Primary Care Provider:_____

To receive and disclose information regarding the lead exposure for:

Child's name_____

Parent's signature_____ Date_____

***VALID FOR ONE YEAR FROM DATE OF SIGNING***
***PARENT/GUARDIAN MAY REVOKE THIS AUTHORIZATION IN WRITING AT THEIR DISCRETION***

# Spokane County Head Start/ECEAP/EHS
# LEAD EXPOSURE RISK

## Childhood Lead Poisoning Prevention

Head Start/Early Head Start mandates that all enrolled children have blood lead screening based on the EPSDT guidelines. This mandate was implemented based on DHHS's, Administration for Children, Youth and Families, January 1999 U.S. General Accounting Office Report on Lead Poisoning. The report points out these findings:

- Elevated blood lead levels remain a significant problem for children served by federal health care programs (Medicaid).
- Most children served by Medicaid are not being screened for lead.
- There are problems that hinder timely treatment and follow-up services for elevated blood lead levels.

A "risk assessment" (i.e., a paper and pencil questionnaire or parent interview) does not meet this requirement. Screening blood test results are needed and/or your recommendation for follow-up.

FOLD HERE

FOLD HERE

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 10218 SPOKANE, WA

POSTAGE WILL BE PAID BY ADDRESSEE

ATTN: MS_____

**INSTITUTE FOR EXTENDED LEARNING**

2000 N GREENE ST

SPOKANE WA 99217-9955

FOLD HERE

FOLD HERE

**RE:** _____

**DOB:** _____ / _____ / _____