



Sample Notice of Verified EBLL

This is a sample notification that can be sent to local HUD Field Office, local health department*, and HUD's Office of Lead Hazard Control and Healthy Homes when there is a verified EBLL case. If any of these entities specific to your area require more information, please provide it. It can be sent via email. Do not include a child's name or test results.

An Elevated Blood Lead Level (EBLL) for a child under age 6 has been verified.

Child resides: _____
(unit address)

Development name: _____
(if in multi-unit property)

HUD Housing Program: _____

Date of EBLL Test: _____

Verified by (check one): _____ Health care provider _____ Public health dept.

Name: _____

Address: _____

Email: _____

Phone: _____

Person who prepared this notice:

Role: Owner Grantee/PHA

Name: _____

Address: _____

Email: _____

Phone: _____

If Public Housing Agency prepared notification:

PHA Name: _____

PHA Code: _____

*Do not need to notify local health department if they reported original EBLL case