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  $\,\blacksquare\,\,$  4410 N Market St  $\,\blacksquare\,\,$  Spokane WA 99207-5829 509-533-8500  $\,\blacksquare\,\,$  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:

- 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 iden	ntified that his/her child:			
<ul><li>may have received a screening blood test at mos. of age.</li><li>has not received a screening blood test.</li></ul>				
Date	and numeric results	sug/dL		
I will order a	screening blood test.			
$\square$ I ask that you assist the family to seek a community resource for the screening blood test.				
Physician's signature	<del>)</del>	Date		
	****			
Pa	arental Authorization for F	Release of Information		
Parent/legal guardia	n (please print)			
I hereby authorize:	Head Start/ECEAP/EHS AND			
	Primary Care Provider:			
To receive and disclo	ose information regarding the lead exp	osure 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

CCS 9798 (Rev. 9/08) (HS/HN) Marketing and Public Relations



# 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	
	INSTITUTE FOR EXTENDED LEARNING 2000 N GREENE ST SPOKANE WA 99217-9955	
	Haladan adalah Haribba dalah dalah dalah	
FOLD HERE		FOLD HERE
	RE:	
	DOB:	