



DEPARTMENT OF PLANNING & DEVELOPMENT
Lead Hazard Reduction Program

VISITING CHILD CERTIFICATION

I, _____, do hereby attest that my child, _____,
date of birth, _____, visits the home of _____, located
at _____, more than fourteen (14) days
per year. I hereby authorize the Rhode Island Department of Health to release blood
lead testing results for my children, under six years of age, to the Woonsocket Lead
Hazard Reduction Program. I understand that my records are protected under State
confidentiality regulations and under the General Laws of Rhode Island and cannot be
disclosed without my written consent except as otherwise provided by law. This
information may not be transferred to any other party without my written consent. I
understand that I may revoke this consent at any time.

Signature

Printed Name

Date: _____

Property Owner (s):

Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful and/or false statements of misrepresentation to any department of any agency of the United States and any other matter within its jurisdiction.