

## Accredited Environmental Technologies, Inc.



# FREE HOME LEAD INSPECTIONS

### Environmental Lead Investigations

**ANY** Child with a blood lead level  $\geq 3.5$  ug/dl is now eligible for a free home lead inspection. Families that did not previously qualify for services under the Medical Assistance Bulletin are now eligible for a home lead inspection at no cost.

The purpose of the home lead inspection is to assess the home environment for potential and actual lead paint hazards that are contributing to the Child's exposure. AET will provide an Environmental Lead Investigation Report that will document the services performed and findings obtained. Suggested recommended response actions will be presented for conditions and lead concentrations which exceeded established HUD/EPA compliance criteria.

To request a home lead inspection for a child with a BLL  $\geq 3.5$  ug/dl, please contact AET at (610) 891-0114 or submit the enclosed referral form via fax (610) 891-0559 or email [m.mcerlean@aetinc.us](mailto:m.mcerlean@aetinc.us)

Environmental Lead Investigations for Children with Elevated Blood Lead Levels

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ANY child with a blood lead level  $\geq 3.5$  ug/dl is now eligible for a free home lead inspection.

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ACCREDITED  
ENVIRONMENTAL  
TECHNOLOGIES, INC  
28 N. Pennell Road  
Media, PA 19063

Office: (610) 891-0114

Fax: (610) 891-0559

Email:

[m.mcerlean@aetinc.us](mailto:m.mcerlean@aetinc.us)

**Environmental Lead Investigation Referral Form**

To request an environmental lead investigation (ELI) for a child with a BLL  $\geq$  3.5 ug/dl, please complete the enclosed referral form, include relevant clinical notes, and send via fax (610-891-0559) or email ([m.mcerlean@aetinc.us](mailto:m.mcerlean@aetinc.us)) to AET, Inc.

**Patient Information:** *(if more than one child in the household has an elevated blood lead level, please reference the child with the highest level as the "patient" and list the remaining children on page 2).*

Female     Male    Interpreter Required     Yes     No

Guardian Language \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Apt \_\_\_\_\_

**Contact Information:**

Parent/Guardian 1 Name _____	Relationship _____	Primary Phone No.: _____
Parent/Guardian 2 Name _____	Relationship _____	Secondary Phone No.: _____
Emergency Contact Name _____	Relationship _____	Email Address.: _____
		Parent/Guardian 2 No.: _____
		Emergency Contact No.: _____

**Blood Lead Level(s)**

Result (ug/dl)	Date	Type of blood test (i.e. capillary, finger prick, etc.)	Diagnosis Code:

**Insurance Information (if applicable):**     Medical Assistance     Chip     Commercial     Other \_\_\_\_\_

Insurance Plan Name \_\_\_\_\_ Insurance ID Number \_\_\_\_\_

**Referring Provider Information:** (Please indicate how you want to receive a copy of the ELI report)     Email     Fax

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ NPI Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Practice: \_\_\_\_\_

**Comments/Special Instructions:** \_\_\_\_\_

**Form completed by:** \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

**Environmental Lead Investigation Referral Form**

<b><u>Sibling 1 Information:</u></b> <input type="checkbox"/> Male <input type="checkbox"/> Female     Does this child have an elevated lead level? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last Name _____		First Name _____		DOB _____
Blood Lead Level Result (ug/dl)	Date Reported	Type of blood test (i.e. capillary, finger prick, etc.)	Diagnosis Code:	

  

<b><u>Sibling 2 Information:</u></b> <input type="checkbox"/> Male <input type="checkbox"/> Female     Does this child have an elevated lead level? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last Name _____		First Name _____		DOB _____
Blood Lead Level Result (ug/dl)	Date Reported	Type of blood test (i.e. capillary, finger prick, etc.)	Diagnosis Code:	

  

<b><u>Sibling 3 Information:</u></b> <input type="checkbox"/> Male <input type="checkbox"/> Female     Does this child have an elevated lead level? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last Name _____		First Name _____		DOB _____
Blood Lead Level Result (ug/dl)	Date Reported	Type of blood test (i.e. capillary, finger prick, etc.)	Diagnosis Code:	

  

<b><u>Sibling 4 Information:</u></b> <input type="checkbox"/> Male <input type="checkbox"/> Female     Does this child have an elevated lead level? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last Name _____		First Name _____		DOB _____
Blood Lead Level Result (ug/dl)	Date Reported	Type of blood test (i.e. capillary, finger prick, etc.)	Diagnosis Code:	