

## Providing Addresses of Units Receiving TBRA to Health Department

### Applicable to Tenant Based Rental Assistance Programs

*Names and addresses of families with children under age six receiving TBRA in your jurisdiction should be sent on a quarterly basis to the local or State Health Department. If the Health Department does not wish to receive the data, the Participating Jurisdiction/grantee or administering agency is not required to submit it. Use this sample letter to start you own letter.*

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DATE

\_\_\_\_\_ Health Dept  
1515 Jones Street  
Anywhere, Any town, 11111

RE: Addresses of Units Receiving Tenant Based Rental Assistance in \_\_\_\_\_.

Dear \_\_\_\_\_:

In accordance with the Department of Housing and Urban Development's Lead Safe Housing Rule 24 CFR Part 35 Subpart M, please find attached a list housing units receiving Tenant Based Rental Assistance in \_\_\_\_\_. Please use this information to match known cases of environmental intervention blood lead levels (EIBLL) children. Please let us know the names and addresses that match of these children so we can carry out the requirements of this section for environmental intervention.

*Environmental Intervention Blood Lead Levels (EIBLL) means a confirmed concentration of lead in whole blood equal to or great than 20ug/dL (micrograms per deciliter) for a single test or 15-19 ug/dL in two tests taken at least 3 months apart.*

Please feel free to contact \_\_\_\_\_ (name of contact person) at \_\_\_\_\_ (phone) or by email at \_\_\_\_\_ (email address) if you have any questions.

Sincerely,

\_\_\_\_\_

City of \_\_\_\_\_ TBRA Administrator