

## Request for EIBLL children names and addresses

### Applicable to Tenant Based Rental Assistance Programs

*Names and addresses of environmental intervention blood lead levels (EIBLL) children in your jurisdiction should be requested on a quarterly basis from the local or State Health Department. If the Health Department performs the name and address comparison, the Participating Jurisdiction/grantee or administering agency is not required to conduct a duplicate comparison. Use this sample letter to start you own letter.*

---

DATE

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

RE: Request for names and addresses of children with Environmental Intervention Blood Lead Levels (EIBLL)

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

In accordance with the Department of Housing and Urban Development's Lead Safe Housing Rule 24 CFR Part 35 Subpart M, we are requesting the addresses of children under six who have been identified with (EIBLL). We will use this information to identify properties receiving Tenant Based Rental Assistance and enforce HUD requirements for addressing lead-based paint in properties with EIBLL children.

*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 send the addresses of all children with Environmental Intervention Blood Lead Levels you have on file for \_\_\_\_\_ (name of city or county) to \_\_\_\_\_ (contact person and address) by \_\_\_\_\_ (give reasonable deadline date). Please list the addresses and if any action has been taken.

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

Thank you for your attention to this matter.  
Sincerely,

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