



**Indiana
Department
of
Health**



Eric J. Holcomb

Governor

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State Health Commissioner

Risk Assessment/Home Visit Refusal Form

Child's Name: _____ Date: ___/___/___ County: _____

Child's Primary Address: _____

Per Indiana Administrative Code 410 IAC 29, any confirmed blood lead level at or above 5.0 µg/dL is elevated and requires that the affected family and child be provided case management services.

These services are provided to families at no cost and can help a child avoid the long term, permanent consequences of lead exposure. The purpose of this document is to record any parent or guardian's refusal to allow for a risk assessment environmental investigation, educational home visit, and/or recommended monitoring of a child's lead level through blood draws and follow up laboratory testing.

By signing and returning this form to the designated case coordinator for your region, the local health department is verifying refusal by the parent/guardian of the following services (check those that apply):

- Blood draws and laboratory testing** **Educational case management home visit**
 Environmental risk assessment investigation

Prior to refusal, all parents and guardians should be made aware of the importance of these services and the dangers associated with elevated blood lead levels in children. If a parent and/or guardian chooses to accept any of these services now or in the future, the local health department should make every effort to provide these services to the family.

Note: Every effort should be made to ensure that children receive these services. If a parent/guardian is unable or unwilling to sign this form, please identify the steps taken by the local health department to secure the participation of the caregiver in the designated service(s). Include detailed documentation, such as the date attempted and type of attempt (i.e. home visit, phone call, etc.).

 Parent/Legal Guardian (Please Print) Parent/Legal Guardian signature (if accessible) ___/___/___
 Date

 Completed By (Local Health Dept. Staff Name) ___/___/___
 Date

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.

