

Helping to protect our children from lead-based paint hazards....



## LEAD SAFE HOMES



*Administrative Agency Mailing address:*

Community Action Agency of Delaware County, Inc.  
Government Center  
201 W Front Street  
Media, PA 19063  
Phone: 610-891-5101  
[www:CAADC.org](http://www.CAADC.org)

This program is funded in part by the  
US Department of Urban & Housing Development (HUD) -  
Office of Healthy Homes  
Lead Hazard Control Program



CAADC Lead Hazard Control Program  
Toal Building  
2nd & Orange Street  
Media, PA 19063  
610.891.5101



### Program Description

CAADC's Lead Hazard Control Program is designed to remove lead-based paint hazards from the homes of low-income families with children under the age of 6. All services are free, pending proof of eligibility.

### What Services Are Available?

CAADC's will first meet with you to explain the program in detail and to discuss the hazard of lead-based paint in your home. Next, a lead audit is performed by a licensed firm. A report is prepared showing where lead-paint exists in your home. CAADC then prepares a Scope of Work detailing the steps that will be taken to remove or reduce the lead to acceptable levels. This may include replacing doors and windows, installing new drywall, replacing trim and moldings, etc. When the renovations are complete, another lead audit is performed to be sure that all lead has been removed or reduced to acceptable levels. A copy of the final report, along with educational materials relating to lead hazards, will be given to you.

### What Are the Income Guidelines?

Household Size	Maximum Income
One Person	\$ 46,600
Two Persons	53,250
Three Persons	59,900
Four Persons	66,550
Five Persons	71,900
Six Persons	77,200
Seven Persons	82,550
Eight Persons	87,850

### Who Qualifies?

In order to qualify, you must:

1. Meet the income guidelines on page 2
2. Have a child age 5 or under at the time of application
3. Be a homeowner (renters are not eligible at this time)
4. Be a resident of Delaware County, but NOT living in Upper Darby, Haverford, or Chester (these communities receive their own funding).

### How Do I Apply?

Call Community Action Agency at 610.891.5101 for an application and more information.

### Lead Poisoning FAQs

#### What is lead poisoning?

When a person has too much lead in the body, lead poisoning occurs. It is caused by exposure to lead that is either eaten or breathed in the form of dust. Lead harms several organs, including the nervous system and kidneys. Young children are at the greatest risk of getting lead poisoning.



#### What are common items that contain lead?

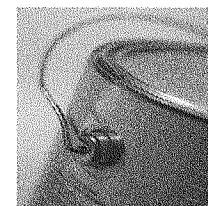
Paint manufactured before 1978 and the dust created when it deteriorates, chips, or is manually removed is the largest source of lead in the home. This paint was used for many purposes, including painting the interior and exterior of houses, playground equipment, farm machinery, and toys.

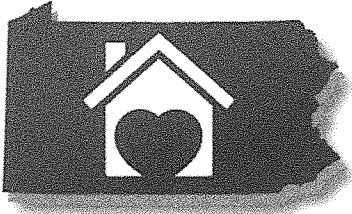
#### How can I tell if my child has lead poisoning?

The only way to diagnose lead poisoning is by having a blood test.

#### What are the symptoms of lead poisoning?

Since symptoms mimic the flu, lead poisoning is hard to detect. Children with elevated lead levels may suffer from learning disabilities, behavioral problems, stunted growth and hearing impairment. Convulsions, coma and death can occur at extremely high levels.





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## LEAD HAZARD CONTROL PRE-SURVEY

Please take a moment to fill out this survey.

NAME: _____	DATE: _____	COUNTY: _____
ADDRESS: _____	APT #: _____	CITY: _____ ZIP: _____
I AM THE (circle one):      Homeowner      Other _____		

1. How did you find out about this program? <i>(Please circle one)</i> :		
Flyer    Neighbor / Friend    Physician    Health Dept.    Weatherization    Other: _____		
	Yes	No
2. Are there children in your home?		
a. Are there any children under the age of 6?		
3. Is anyone in your home pregnant?		
4. Are you aware of the hazards of lead poisoning?		
5. Do you know where lead is most likely to be in your home?		
6. Do you know how to protect your children from lead exposure?		
7. Have you done any remodeling work in your home in the past?		
a. Did you do any painting?		
b. Did you cut any walls or sand painted surfaces?		
8. Did you take precautions to alleviate the spread of dust?		
a. Did you restrict access to the area where work was being done?		
b. Did you wet sand rather than dry sand?		
9. Have your children ever been tested to determine their blood lead level?		
a. If yes, were the levels elevated?		
10. Are you living in a structure built before 1978?		
11. Do your windows create dust when you open and close them?		
12. Are you interested in learning how to protect your family from the hazards of lead?		
13. Are you interested in enrolling in a program to contain the lead in your home?		





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### Application for Services

A separate application must be completed for EACH address or unit

#### PART 1: PROPERTY INFORMATION

APPLICATION FOR : NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: Delaware

TELEPHONE NUMBER: \_\_\_\_\_ ALTERNATE TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

#### PART 2: OWNER INFORMATION – Complete ONLY if owner is different than applicant

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ ALTERNATE TELEPHONE: \_\_\_\_\_

#### PART 3: OCCUPANT INFORMATION

All OCCUPANTS, ADULT AND CHILDREN, MUST BE LISTED. Attach an additional page, if necessary.

The PAR-LHCG does not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political belief.

Name	Receiving Medicaid (YES OR NO)	Date of Birth	Age	Relationship to Primary Resident	Gross Income (see below)

Total household Income: \_\_\_\_\_

\*\*\*Gross Income= before taxes/deductions Income includes but is not limited to wages, salary, tips, disability, social security, pension, unemployment, alimony, interest, dividends, child support and welfare assistance. It should be listed for all those who are over 18 years of age within the household.

#### PROOF OF ALL INCOME WILL BE NEEDED AFTER YOUR APPLICATION IS REVIEWED

Please remember to attach the following documents to this application:

- Notarized statement (if children under age 6 are regular visitors per Part 5.2)
- Proof of Elevated Blood Lead levels, if available (application will give higher priority per 5.3)





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**PART 4: ELIGIBILITY**

<i>Please answer ALL of the following questions.</i>		Yes	No
1. Was the house at the above address built before 1978? <b>Approximate Year Built:</b> _____		<input type="checkbox"/>	<input type="checkbox"/>
2. Were property taxes for this home, for the previous year, paid to date?	<b>PA REGIONAL- LHCG Use Only:</b> <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid <b>Verified by:</b> _____ <b>Date:</b> _____ <b>Source:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the house owned by a federal, state, or local government agency?		<input type="checkbox"/>	<input type="checkbox"/>
4. Does the house have at least one bedroom?		<input type="checkbox"/>	<input type="checkbox"/>
5. Are you willing to have your children under 6 tested for lead poisoning 6 months after reduction activities?		<input type="checkbox"/>	<input type="checkbox"/>
6. Is this property or tenant currently participating in a HUD program? If yes, which one? _____		<input type="checkbox"/>	<input type="checkbox"/>
7. Approximately how long have you resided at this unit: _____ months _____ years			

**PART 5: ELIGIBILITY CONTINUED**

<i>Please answer ALL of the following questions, by checking "Yes", "No" or "Don't Know". Failure to provide information will be reason for denial.</i>			
	Yes	No	Don't Know
1. Is there a child under age 6 <b>living</b> in the house full time? If yes, how many? _____ <b>* ATTACH BIRTH CERTIFICATE(S)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a child under the age of 6 who is a <b>regular visitor but does not live</b> at this address (for at least 2 hours a day, minimum 3 days per week, per year)? <b>* NOTARIZED STATEMENT MUST BE ATTACHED</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a child under the age of 6 living in or a regular visitor to this home with a blood lead level of 10ug/dL or higher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If you are the owner, would you be willing to contribute cash or labor towards removing lead hazards from the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a pregnant woman living at this address?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Would members of the household have some place to go for up to ten days while the lead hazards are being removed from the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is this home being used as a day care? If so, how many children attend? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I hereby certify that to the best of my knowledge, the information contained herein is true, correct, and complete. I agree to report any changes in circumstances immediately to this service provider. I understand that my signature on this application indicates that family income does not exceed LMI for my county.** 'I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.'

**\*\* ALL HOUSEHOLD MEMBERS WHO ARE 18 OR OVER MUST SIGN THIS APPLICATION \*\***

Owner Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Over 18 Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Over 18 Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

PAR-LHCG Representative: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

