



Wicomico County Health Department

108 East Main Street • Salisbury, Maryland 21801

Lori Brewster, MS, APRN/BC, LCADC • Health Officer



Childhood Lead Poisoning Prevention & Environmental Case Management Program Referral

The *Childhood Lead Poisoning Prevention and Environmental Case Management Program* is a voluntary home visitation program that provides 3-6 home visits to families with children under the age of 19 who have been diagnosed with moderate to severe asthma or have an elevated blood lead level (BLL) of 5 or greater, and who meet income guidelines. Our goal is to improve the health of children by providing in-home support that focuses on the reduction and/or elimination of lead, asthma triggers, and other environmental hazards.

Enrolled families will receive:

- Education and support for lead poisoning and/or asthma management
- Help with identification and reduction of lead, asthma triggers, and other environmental hazards
- Case management and coordination with care providers
- Referral for lead abatement (removal) services at NO COST to the family/property owner
- Cleaning supplies and pest management items throughout the duration of enrollment
- Referrals and linkage to other community resources

Person Completing Referral:	_____	Date of Referral:	___ / ___ / ___
Source of Referral:	_____	Contact Number:	(___) ___ - ___
Need indicated:	<input type="checkbox"/> Elevated Blood Lead	<input type="checkbox"/> Moderate/Severe Asthma diagnosis	
(choose one or both)	Level		

Referral Criteria: Child is under the age of 19 and has been diagnosed with moderate/severe Asthma and/or has a blood lead level $\geq 5\mu\text{g/dL}$.

Parent(s)/Guardian(s) Name:	_____		
Phone (home):	(___) ___ - ___	Cell:	(___) ___ - ___

Child's Name:	_____		
Child's Date of Birth:	___ / ___ / ___		
Address 1:	_____		
Address 2/Apt. #:	_____		
City:	State:	Zip:	
Race:	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White/Caucasian	
	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native	
	<input type="checkbox"/> 2 or more races	<input type="checkbox"/> Native Hawaiian/Pacific Islander	
	Other (specify): _____		
Ethnicity:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino		
Child's Physician:	_____		
Physician Phone:	(___) ___ - ___		
Other Agency Involvement:	_____		
Primary Language:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Haitian/Creole <input type="checkbox"/> French
	Other (specify): _____		
Insurance Type:	<input type="checkbox"/> Medicaid/CHIP <input type="checkbox"/> Private Ins. <input type="checkbox"/> Other (specify): _____		
Medicaid ID#:	_____		
Other Notes/Comments:	_____		

Please send referral via: **Email:** Wicomico.LeadAsthma@maryland.gov **Fax:** (410) 543-6568 **OR**
Mail: Lead & Asthma Case Management 108 E. Main St. Salisbury, MD 21801