

**CITY OF FARRELL
500 ROEMER BOULEVARD,
FARRELL, PA 16121**

INFORMATION & REFERRAL QUESTIONNAIRE

Date: _____

HOUSEHOLD INFORMATION

Name(s): _____

Address: _____

City, State & Zip Code: _____

County: _____

Home Phone #: _____ Alternative #: _____

Total Number of Persons in Home: _____

Number of Adults: _____ Number of Children (0-18yrs.): _____

Number of children under age 6: _____

Alternate Contact Person (include name, phone # and relation if possible): _____

CURRENT LIVING ARRANGEMENTS

Home Owner: Renter:

Year home was built: _____

CONSUMER INFORMATION (If Applicable)

When was the child last tested for Blood Lead Levels? _____

Did testing show Elevated Blood Levels? Yes No

Is the child receiving treatment for Lead Poisoning? Yes No

REFERRING AGENCY: _____

ADDITIONAL COMMENTS: _____

Please submit this information to:

City of Farrell
500 Roemer Blvd
Farrell, Pa 16121