



**DEPARTMENT OF NEIGHBORHOOD AND BUSINESS DEVELOPMENT
LEAD HAZARD CONTROL PROGRAM**

Stephanie A. Miner, Mayor

VISITING CHILD VERIFICATION FORM

I _____ verify that _____ D.O.B. ___/___/___
Owner/Tenant Child's Name

spends at least two different days within any week at _____, provided
Address

that each day's visit lasts at least 3 hours and the combined weekly visit lasts at least 6 hours. In

addition the combined annual visits last at least 60 hours.

Owner/Tenant Signature

Child's Relationship to Owner/Tenant