

**Cook County Department of Public Health – Lead Hazard Reduction Grant
Time Verification Form – Visiting Child**

Instructions for completing this form:

-Complete this form for a visiting child under the age of six (6) years.

Adult Name: _____

Address: _____

I verify that the child (name of child) _____,

(child's relationship to you) _____ spends a significant amount of time in my unit.

Please use the chart below to indicate approximately how many hours each day the child visits/spends time at the unit:

Example:

	<i>Monday</i>
<i>Time child visits</i>	<i>2:30-5:00</i>
<i>Number of hours</i>	<i>2.5</i>
<i>Reason</i>	<i>Child care</i>

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time child visits							
Number of hours							
Reason							

I verify that the information I provided is accurate. I understand that this information will be used, in part, to determine program eligibility. I understand that providing untrue or misleading information could result in the denial of my application or my removal from the lead grant program.

Signature of applicant: _____

Date: _____