



LEAD SAFE ATLANTA

Visiting Child Verification Form

I _____, verify that:
Owner/Tenant

Child _____, D.O.B. ___/___/___
Child _____, D.O.B. ___/___/___
Child _____, D.O.B. ___/___/___
Child _____, D.O.B. ___/___/___

spends at least two different days within any week at:

Street Address

Street Address

and, that each day's visit lasts at least 3 hours and the combined weekly visit lasts at least six (6) hours. In addition, the combined *annual* visits last at least 60 hours.

Owner/Tenant Signature

Date

Relationship to Child/Children