

Lead Education Referral

Please FAX to:
Rachelle Menanteau Peleska
FAX#: 612-870-0729

Referring Staff Name _____ Phone Number: _____

Referring Organization: _____

Child's Information

Child's Name _____ Gender: M or F

DOB: _____

Family Information

Mother/Father (or Primary Care Giver) Name: _____

Address _____ City _____ Zip _____

Phone _____ Alternative Phone: _____

Language Spoken in the Home: _____

NOTES/BLOOD LEAD LEVEL:



**SUSTAINABLE
RESOURCES
CENTER**

1081 10th Avenue SE
Minneapolis, MN 55414
Phone: 612-872-3282 (Rachelle Menanteau Peleska)
