

Lead paint was used in many homes built before 1978.

Children are most often poisoned by lead dust and lead paint in older homes. Lead dust can come from disturbing areas with lead paint, opening and closing windows, and through normal wear and tear of painted areas. Lead dust falls to the floor and gets on children's hands and toys. It enters their bodies when they put their hands or toys into their mouths.

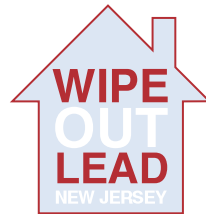
The Danger of Lead

Lead poisoning can cause health and behavior problems in young children. It can make them less able to learn when they get to school. Lead poisoning can affect a child for a lifetime.

*Help protect your family.
Test your home for lead
paint dust with the
Wipe Out Lead
NJ kit.*

Find out about getting a **free** lead test kit and resources available for making your home lead-safe.

**Call Wipe Out Lead NJ
toll-free 1-888-722-2903**



Helping families have lead-safe homes

*Wipe Out Lead New Jersey is funded by the
NJ Department of Community Affairs
and is coordinated by
Southern New Jersey Perinatal Cooperative
www.snjpc.org*

**Lead in your home
may be poisoning
your child**



Wipe Out Lead New Jersey

*Test your home for lead with the **FREE** Wipe Out Lead NJ test kit.*

Testing takes about 20 minutes. And it's easy.

Just wipe two small areas in your home. Put the dirty wipes in a tube and mail. It's simple.

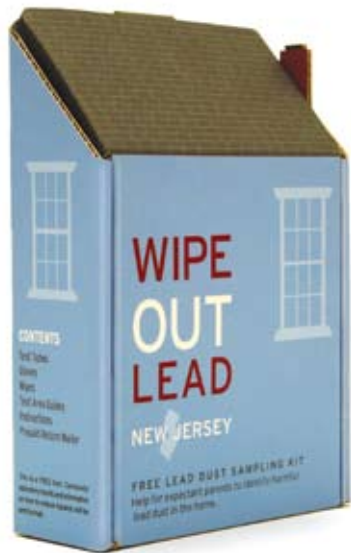
In 2-3 weeks, the results are mailed to you.

You'll learn if your home has lead dust and what to do about it.



Am I eligible?

Free kits are now available for pregnant women and families living in a house or apartment built before 1978.



*The **FREE** Wipe Out Lead NJ test kit contains all you need to test your home for lead paint dust.*

For more information call
WIPE OUT LEAD NJ • 888-722-2903

or complete and return this form to
**Wipe Out Lead, c/o
Southern New Jersey Perinatal Cooperative
2500 McClellan Avenue, Suite 250
Pennsauken, NJ 08109**

Please Send Me a Free Lead Testing Kit

Name _____

Address _____

City/State/Zip _____

Phone (day) _____

Phone (evening) _____

E-mail Address _____

Are you pregnant?: No Yes

Due Date _____

How many children
ages 0-3 years live in your home? _____

How many children
ages 4-6 years live in your home? _____

Signature _____

By signing above, I agree to receive a free lead dust test kit and understand that any information above that is shared with state agencies/programs other than Wipe Out Lead NJ will not include my name or phone number.