ENERGY OFFICE
STATE OF NEBRASKA
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State of Nebraska Weatherization Assistance Program

Client Education Confirmation of Receipt

FORM
WX2

Agency

☐BVCAP ☐CAPLSC ☐CAPMN ☐CAPWN ☐CNCS ☐NENCAP ☐NWCAP ☐SENCA

Client Name: | Job Number:

Address: | City: | Phone Number:

CLIENT CONFIRMATION OF RECEIPT

I have received the following information as part of my participation in the Nebraska Weatherization Assistance Program.

☐ **Lead-Safe Education** — A copy of the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools*, informing me of the potential risk of the lead hazard exposure from weatherization/renovation activity to be performed in my dwelling unit.

☐ **Energy Consumption Education** — Information regarding changes I can make in order to reduce the energy consumption of my household.

☐ **Mold and Moisture Education** — A copy of the pamphlet, *A Brief Guide to Mold and Moisture and Your Home*, informing me of how to clean up residential mold problems and how to prevent mold growth.

☐ **Asbestos Education** — Information regarding what asbestos is, the dangers and ways to avoid asbestos exposure.

☐ **Radon Education** — Information regarding what radon is, and the health effects radon exposure can have on people.

CLIENT SIGNATURE

Sign Here ▶ Signature _____ Date _____

SELF-CERTIFICATION OPTION

I hereby certify that I attempted to deliver the following educational information to the dwelling client listed above:

☐ **Lead-Safe** ☐ **Energy Consumption** ☐ **Mold and Moisture** ☐ **Asbestos** ☐ **Radon**

If the information was delivered but a client signature was not obtainable, you may check the appropriate box below:

☐ **Refusal to Sign** — I certify that I have made a good faith effort to deliver the information to the client of the dwelling unit listed above at the date and time indicated and that the client refused to sign the Education Confirmation of Receipt form. I furthermore certify that I have left copies of the information listed above at the dwelling unit with the client.

AGENCY EMPLOYEE SIGNATURE

Sign Here ▶ Agency Employee Signature _____

▶ Printed Name of Agency Employee _____ Date _____

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