

Lead Services Application

Lead services may include resources/services for finding, fixing and reducing exposure to lead hazards in paint, dust, soil, and drinking water. **All parts of the application must be complete for processing.** Rental properties require information from both the renter/tenant and the rental property owner. **If seeking service in a multi-unit property, all units must submit an application.**

PART I: INFORMATION ABOUT THE PROPERTY SEEKING LEAD SERVICES

Property address:

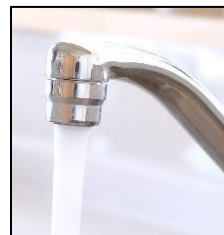
Apt #:

City:	State:	Zip:	County:	Number of apartments in building:

This property is: ☐ Owner occupied ☐ Under a land contract
☐ A rental property ☐ Vacant

This property currently has: ☐ Water ☐ Heat ☐ Roof leaks
☐ Electricity ☐ Previous roof leaks

The kitchen faucet looks like:



☐ *Faucet with sprayer head* ☐ *Faucet/no sprayer*

The property's water comes from: ☐ A private well ☐ Public water supply ☐ Unsure

All occupants living in the home/property seeking lead services

Name (first and last)	Date of Birth	Medicaid Beneficiary Number	Does this person have a blood lead level of 3.5 or higher?	Is this person pregnant?
	/ /		☐ Yes ☐ No ☐ Untested	☐ Yes ☐ No
	/ /		☐ Yes ☐ No ☐ Untested	☐ Yes ☐ No
	/ /		☐ Yes ☐ No ☐ Untested	☐ Yes ☐ No
	/ /		☐ Yes ☐ No ☐ Untested	☐ Yes ☐ No
	/ /		☐ Yes ☐ No ☐ Untested	☐ Yes ☐ No
	/ /		☐ Yes ☐ No ☐ Untested	☐ Yes ☐ No
	/ /		☐ Yes ☐ No ☐ Untested	☐ Yes ☐ No
	/ /		☐ Yes ☐ No ☐ Untested	☐ Yes ☐ No

Does a child under the age of six years visit the home more than two hours a day? ☐ Yes ☐ No

PART II: INFORMATION ABOUT THE RENTAL PROPERTY OWNER

☐ Property seeking service is not a rental property. Skip to part III.

Property owner name:

Rental property company:

Physical address:

Suite/Bldg.:

City:

State:

Zip:

County:

PART III: SIGNATURE

By signing I (tenant and property owner) permit MDHHS to perform a lead investigation on this property. I/we agree to fully cooperate in potential lead hazard control work. I/we understand I/we must disclose results of lead-activities to potential lessees or buyers of this property. I/we understand MDHHS is not responsible for uninsured properties or for any damages including theft and fire to real or personal property. I/we authorize MDHHS to obtain blood lead laboratory results through the Michigan Care Improvement Registry. I/we agree to let MDHHS share these results privately with authorized program representatives. I/we authorize the use of information from this application and lead investigation for research studies. I/we understand studies will not use my personal health information. I/we answered all questions truthfully and to the best of my/our knowledge. I/we understand there is a penalty for false or fake statements. This penalty is from U.S.C. Title 18, sec 1001. It states: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly falsifies, or makes, or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both." I/we understand signature(s) are required for processing.

Property owner

Renter/tenant (if applicable)

Name						
Signature						
Signature date						
Preferred method of contact	☐ Phone call	☐ Text message	☐ Email	☐ Phone call	☐ Text message	☐ Email
Telephone number						
Email address						
How did you hear about this program?						
Other contact	☐ I have a different mailing address.			☐ I have a different mailing address.		
Preferred language						

MDHHS Office Use Only

App No.:						
Denial date:						
Denial reason:						
	<i>Date</i>	<i>Initials</i>	<i>Date</i>	<i>Initials</i>	<i>Date</i>	<i>Initials</i>
App PROCESSED for enrollment:						
App APPROVED for enrollment:						