

BEFORE



AFTER



LEAD SAFE HOME PROGRAM

Grand Tower Building
235 S Grand Ave.
4th Floor, Ste. 410
PO Box 30037
Lansing, MI 48909

Fax 517-284-9956

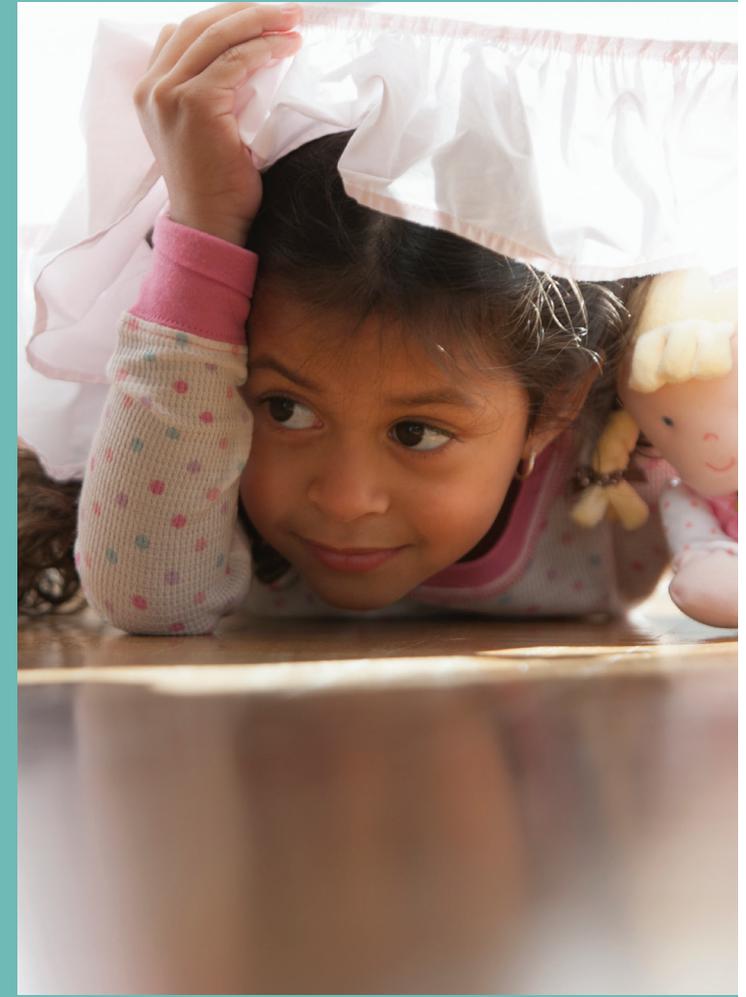
Toll Free 866-691-5323

Michigan.gov/LeadSafe

MDHHS does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 517-335-9390 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المجان.بة تتوافر لكيوالمساعدة (رقم517-335-9390اللغ (TTY:711)-مكباتصل برقم هاتف الصم وال



**Where is lead hiding
in your home?**

Learn how to protect your family
from the invisible threat of lead.



HOMEOWNERS AND FAMILIES – ACT NOW.

If your home was built before 1978, you and your family could be at risk of exposure to lead poisoning.

HOW WE CAN HELP.

We can perform lead inspection and removal, which may include:

- Home lead testing
- Installing new doors and windows
- Painting
- Installing exterior siding
- Repairing ceilings
- Repairing porches
- Replacing faucets and plumbing

WHO IS ELIGIBLE?

Homeowners and Rental Property Owners in: Flint and Detroit

- Medicaid enrollee under the age of 19 or pregnant female living in home
- Other low-income households with a child under the age of 6 or a pregnant female living in home

Select Target Areas

(see Michigan.gov/leadsafe for a list of areas)

- Low-income households with a child under the age of 6 or a pregnant female living in home

Statewide

- Medicaid or low-income households with a child under the age of 6 with elevated blood lead level of 5 µg/dL or higher

WHAT IS THE COST?

There is little to no cost for most families enrolled in the program.



APPLY ONLINE.

Visit Michigan.gov/leadsafe to download and print your application. Return your completed form to the Lead Safe Home Program by mail or fax.

APPLY BY MAIL.

Complete the information below and return this form by mail or by fax to receive an application.

Name _____

Address _____

Phone _____

Email _____

MAIL TO:

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