



MDHHS-Lead Services Section PO Box 30037, Suite 410 Lansing, MI 48909 Michigan.gov/MiLeadSafe MDHHS-LeadApps@michigan.gov Ph: 517-335-9390 Fx: 517-284-9956

APPLICATION Lead Safe Home Program

If you currently live in a lead action level exceedance community, please complete and submit this application.

PART I: PROPERTY INFORMATION

| This property is: | Т | This property currently has: | | The water service line has: | | | | |
|----------------------|-------------|------------------------------|--------------|-----------------------------------|--|--|--|--|
| Owner Occupied | | Water | | Been replaced – Date: | | | | |
| Rental Property | | Electricity | | Is scheduled to be replaced | | | | |
| Land Contract | | Heat | | Unsure | | | | |
| Vacant | | Roof Leaks | | | | | | |
| | | Previous R | oof Leaks | | | | | |
| Property address: | | | | Apt #: | | | | |
| City: | State: | Zip: | County: | Number of units in building: | | | | |
| PART 2: APPLICAN | T INFOR | MATION | | All units must submit application | | | | |
| Name: | | | | Total number living in household: | | | | |
| Telephone number: | Д | lternate telep | hone number: | Email address: | | | | |
| How did you hear abo | out this pr | ogram? | | | | | | |

PART 3: OWNER INFORMATION (COMPLETE ONLY IF DIFFERENT FROM APPLICANT)

| Type of ownership: Individual LLC Partnership | Name: Address: | Er | mail address: | |
|--|--------------------|----------------------------|---------------|--|
| Corporation | City: | State: Zi | p: | |
| | Telephone number: | Alternate teleph | one number: | |
| | | For Office Use Only | | |
| Application Logged In: | App No: | Denial: | Reason: | |
| BLL: | Partnership: | Fund Source: | | |
| Income: | Target Area: | Funding Maximum: | | |
| Part V: | Total Application: | APPROVED FOR LSHP ENROLLME | NT: | |

PART 4: OCCUPANTS

Please complete the table below for all occupants (adults and children). Attach an extra sheet of paper, if necessary.

| | | | Ċ. | Optional | | | Has this person been | | Program Use | |
|---|---------------|--------------------------------|--------------------------|-------------------|---|--|--|---------------------------|-------------|------------------------------|
| All Occupant's (living in the home) First & Last Name | Date of Birth | Medicaid Beneficiary Number | ls this person pregnant? | ldentified Gender | Ethnicity: Hispanic / Latino? | Race: A-Asian B-Black H-Hawaiian / Pacific Islander I-American Indian / Alaskan Native O-Other W-White | told by a doctor / nurse that s/he has asthma? If yes, in the last year, what is the number of times they: 1) Visited the ER? 2) Were hospitalized? | | Venous BLL | Date of most recent test |
| | / / | | | | | | 1) | 2) | | |
| | / / | | | | | | 1) | 2) | | |
| | / / | | | | | | 1) | 2) | | |
| | / / | | | | | | 1) | 2) | | |
| | / / | | | | | | 1) | 2) | | |
| | / / | | | | | | 1) | 2) | | |
| | / / | | | | | | 1) | 2) | | |
| Visiting Children First & Last Name | | | | | | | How Hours/day? | long does the Days/wee | | visit? Weeks/year? |
| | / / | | | | | | | | | |
| | / / | | | | | | | | | |
| | / / | | | | | | | | | |

PART 5: SIGNATURE

By signing I (occupant and property owner) permit MDHHS to perform a lead investigation on this property. I agree to fully cooperate in potential lead hazard control work. I understand I must disclose results of lead-activities to potential lessees or buyers of this property. I understand MDHHS is not responsible for uninsured properties or for any damages to real or personal property. I authorize MDHHS to obtain blood lead laboratory results through the Michigan Care Improvement Registry. I agree to let MDHHS share these results privately with authorized program representatives. I authorize the use of information from this application and lead investigation for a research study. I understand the study will not use my personal health information. I answered all questions truthfully and to the best of my knowledge. I 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 understand signature(s) are required for processing.

 Print Property Owner Name
 Print Tenant Name (if applicable)

 Property Owner Signature
 Tenant Signature (if applicable)

 Date
 Date

Michigan Department of Health and Human Services (MDHHS) Please note if needed, free language assistance services are available. Call 517-335-9390 (TTY users call 711).

| Spanish | ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 517-335-9390 (TTY: 711). |
|-------------------|---|
| Arabic | ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم -335-517 517 |
| ATADIC | |
| Ohimana | |
| Chinese | 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 517-335- |
| | 9390 (TTY:711) |
| Syriac (Assyrian) | مەغبى بى بى بى بەھەر جە بەھارىيە بى |
| | حلقته، جنجته، مانه، جد چسته، (TTY:711) 517-335-9390 (TTY:711) |
| Vietnamese | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phỉ dành cho bạn. Gọi số 517-335-9390 (TTY:711). |
| Albanian | KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 517-335-9390 (TTY:711). |
| Korean | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 |
| | 있습니다. 517-335-9390 (TTY:711)번으로 전화해 주십시오. |
| Bengali | লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা |
| | সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-517-335-9390 (TTY ১- |
| | 711) |
| Polish | UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy |
| | językowej. Zadzwoń pod numer 517-335-9390 (TTY:711). |
| German | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 517-335-9390 (TTY:711). |
| Italian | ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di |
| handi | assistenza linguistica gratuiti. Chiamare il numero 517-335-9390 (TTY:711). |
| Japanese | 注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。 |
| | 517-335-9390(TTY:711)まで、お電話にてご連絡ください |
| Russian | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны |
| | бесплатные услуги перевода. Звоните 517-335-9390 (телетайп 711). |
| Serbo-Croatian | OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći |
| | dostupne su vam besplatno. Nazovite 517-335-9390 (TTY Telefon za osobe sa |
| | oštećenim govorom ili sluhom 711). |
| Tagalog | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga |
| | serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 517-335-9390 (TTY: 711). |

The Michigan Department of Health and Human Services (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. Further, MDHHS:

- Provides free aids and services to people with disabilities to communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - o Information written in other languages

If you need the above services, contact the MDHHS Section 1557 Coordinator.

If you believe that MDHHS has failed to provide the above services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: MDHHS Section 1557 Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the MDHHS Section 1557 Coordinator is available to help you.

MDHHS Section 1557 Coordinator Compliance Office, 4th Floor P.O. Box 30195 Lansing, MI 48909

517-284-1018 (Main), TTY users call 711, 517-335-6146 (Fax), MDHHS-ComplianceOffice@michigan.gov

You can also file a civil rights complaint with the responsible federal agency.

| about your Medicaid application, c | f your grievance or complaint is about your application for or surrent food assistance benefits, you can file a discrimination complaint with the U.S. Department of Agriculture (USDA) |
|--|---|
| civil rights complaint with the U.S. P | Program by: |
| Department of Health and Human | |
| Services at https://bit.ly/2pBS4YG, C | Completing a Complaint Form, (AD-3027) found online at: |
| | https://bit.ly/2g9zzpU or at any USDA office, or write a letter addressed to USDA at the address below. In your letter, |
| U.S. Department of Health and pl | rovide all information requested in the form. |
| Human Services | · |
| 200 Independence Avenue, SW T | o request a copy of the complaint form, call 866-632-9992. |
| Room 509F, HHH Building S | Send your completed form or letter to USDA by mail: |
| Washington, D.C. 20201 U | J.S. Department of Agriculture |
| 800-368-1019, 800-537-7697 O | Office of the Assistant Secretary for Civil Rights |
| (TDD) 14 | 400 Independence Avenue, SW |
| N N | Vashington, D.C. 20250-9410 |
| Complaint forms are available at | |
| https://bit.ly/2IKsHMS. | ax: 202-690-7442; or Email: program.intake@usda.gov |

MDHHS is an equal opportunity provider.