

MDHHS TB Incentives & Enablers Request Form: Gift Cards

1. Use this form if you are requesting gift cards. Each request is limited to \$500 (all cards requested add to \$500 or less). Please do not include any patient information (Initials or MDSS IDs are okay).

For any reimbursements please complete [Form B](#) to obtain approval before expenses are incurred.

2. Complete **Sections I-II** of this form and either fax or email to MDHHS

Attention: TB Public Health Consultant
Email: berlinc@michigan.gov
Fax: 517-335-8263

[Need help filling out this form? See our Directions](#)

SECTION I

Your Name:	Date:		
Health Department:			
Mailing/shipping address:			
Email address:	Phone:		
Initials of person receiving IEs (not your initials):			
Number of people in this request:	LTBI	Active TB Disease	Other

Reason for Request (why are you requesting an incentive and/or enabler?)

