FORM A

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?)

SECTION II

Gift Cards:

Gift Cards:			
Company	Amount (#)	Value (\$)	Total Amount
		TOT	
		TOTA	'F
Any other comments?			
Ally other comments.			
Signature of LHD Requestor:		Da	ate:
CECTION III. Approval (completed			
SECTION III: Approval (completed		-	
	pproved	☐ Denied	
Reason for Denial (if necessary):			
MDHHS TB Program:			Date:
Mishing 15 1150			