

LEAD SAFE MUSKEGON APPLICATION

PART 1: OCCUPANT INFORMATION							
OCCUPANT NAME:				TOTAL NUMBER LIVING IN HOUSEHOLD:			
OCCUPANT TELEPHONE NUMBER:				ALTERNATE TELEPHONE NUMBER:			
PART 2: PROPERTY INFORMATION							
PROPERTY ADDRESS:				APT #:			
CITY:		ZIP:		COUNTY:			
HOW MANY APARTMENTS IN BUILDING:				<input type="checkbox"/> OWNER OCCUPIED <input type="checkbox"/> RENTAL PROPERTY <input type="checkbox"/> LAND CONTRACT			
DOES THE PROPERTY CURRENTLY HAVE:		<input type="checkbox"/> WATER <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> HEAT <input type="checkbox"/> PREVIOUS/CURRENT ROOF LEAKS					
HAS WATER SERVICE LINE BEEN REPLACED OR SCHEDULED TO BE REPLACED?				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNSURE			
PART 3: OWNER INFORMATION (Complete only if different from Occupant)							
NAME:							
ADDRESS: Address				TELEPHONE NUMBER:			
CITY:		STATE:		ZIP:		ALTERNATE TELEPHONE NUMBER:	
Property owner, please remember to sign below. We cannot proceed without your signature.							
OCCUPANT NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	MEDICAID BENIFICIARY NUMBER	BLOOD LEAD LEVEL	IS THIS PERSON PREGNANT	HISPANIC / LATINO	RACE
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

By signing below, the PARENT/GUARDIAN authorizes LEAD SAFE MUSKEGON (LSM) to obtain blood lead laboratory results through the Michigan Care Improvement Registry and/or MI Blood Lead, on the children under nineteen years of age residing in the unit and share these results as well as information within this application confidentially with authorized program representatives. By signing below the PARENT/GUARDIAN authorizes Public Health Muskegon to share the information in this application with LSM. By signing below, the occupant and property owner authorizes LSM to perform a Lead Inspection and Risk Assessment on said property and will cooperate fully in the potential lead hazard abatement work. I verify that the answers provided above are accurate to the best of my knowledge. Penalty for false or fraudulent statements: U.S.C. Title 18, sec 1001, provides: "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." By signing this application, I acknowledge and agree that uninsured property is not the responsibility of LSM. LSM is not responsible for any damage to real or personal property, including damage due to theft or fire.

Parent/Guardian Name

Parent/Guardian Signature

Date

Owner/Landlord Name/Land Contract Holder

Owner/Landlord/ Land Contract Holder Signature

Date

Application Logged In: _____	Accepted Date: _____	Denial Date _____ (if applicable):	Reason: _____ _____
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Mail or bring your completed application to:

Questions?

***2nd door on the right

LEAD SAFE MUSKEGON
Public Health Muskegon County
209 E. Apple Ave Muskegon MI, 49442
Phone: (231)724-6350 Fax: (231)724-4440

LEAD SAFE MUSKEGON APPLICATION

Additional Case Notes:

Mail or bring your completed application to:

Questions?
***2nd door on the right

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