



# Public Health

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## Wayne County Medicaid Lead Safe Home Program Application

The Wayne County Medicaid Lead Safe Home Program aims to reduce the incidence of childhood lead poisoning in the cities of Highland Park and Hamtramck by providing residential lead abatement. Qualified units will be located in Highland Park or Hamtramck, built before 1978, and occupied by Medicaid enrollees that are under the age of 19 or pregnant. Please complete the following application if eligible.

### PART I: PROPERTY INFORMATION

This property is:

- ☐ Owner Occupied  
☐ Rental Property  
☐ Land Contract  
☐ Vacant

This property currently has:

- ☐ Water  
☐ Electricity  
☐ Heat  
☐ Roof Leaks  
☐ Previous Roof Leaks

The water service line:

- ☐ Was replaced – Date:  
☐ Is scheduled to be replaced  
☐ Unsure

Property address:

Apt #:

City:

State:

Zip:

County:

Number of units in building:

*All units must submit an application*

### PART 2: APPLICANT INFORMATION

Name:

Total number living in household:

Telephone number:

Alternative telephone number:

Email:

Are you Medicaid enrolled? If yes, enter Medicaid Member ID Number

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

Type of ownership:

- ☐ Individual  
☐ LLC  
☐ Partnership  
☐ Corporation

Name:

Email address:

Address:

City:

State:

Zip:

Telephone number:

Alternative telephone number:

## PART 4: OCCUPANTS

Please complete the table below for all occupants, both adults and children. Attach another sheet of paper if necessary.

NAME (FIRST & LAST)	DATE OF BIRTH (MM/DD/YYYY)	MEDICAID BENEFICIARY NUMBER	PROGRAM USE	
			VENOUS BLL	DATE OF MOST RECENT TEST

Please complete the table below for all visiting children under the age of six (i.e. grandchildren, nieces, nephews etc.)

NAME (FIRST & LAST)	DATE OF BIRTH (MM/DD/YYYY)	MEDICAID BENEFICIARY NUMBER	HOW LONG DOES THE CHILD VISIT?		
			HOURS PER DAY	DAYS PER WEEK	WEEKS PER YEAR

## PART 5: HOUSING

Please answer all the following questions. Failure to provide information will be reason for a delay or denial.

### For the home/property listed on this application:

1. Was the home built before 1978?
2. What year was the home built?
3. How long have you lived at this address?
4. Does the home have at least one bedroom?
5. If a rental home, what is the monthly amount paid?
6. Is this property owned by a federal, state, or local government agency?
7. Has this property or tenant ever participated in a HUD program?  
If yes, which one?
8. Is this home being used as a day care?  
If yes, how many children attend?
9. Is the property a duplex or multi-family dwelling?
10. Is the property involved in a foreclosure or bankruptcy?
11. If you are the owner, would you be willing to contribute cash or labor towards this project?

<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

### For the applicant:

12. Are any of the occupants of the home under the age of 19?  
If yes, how many?
13. Is the home visited by anyone under the age of 19 for more than 60 hours annually?  
If yes, how many?
14. Have individuals under the age of 19 been tested for lead poisoning?  
If yes, did any have a blood lead level of 5 µg/dL or above?  
If no, would you be willing to have them tested?
15. Are any of the occupants of the home pregnant?
16. Are there any animals living in the home?

<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

### For landlords:

17. Have you ever been cited by the local prosecutor's office for a child's lead poisoning?
18. Have you been cited by any party for the non-compliance of the lead disclosure law?

<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No

## PART 6: SIGNATURE

By signing below, I (occupant and property owner) permit the Wayne County Health Department's (WCHD) Medicaid Lead Safe Home Program 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 WCHD is not responsible for uninsured properties or for any damages to real or personal property. I understand that units chosen for abatement will be prioritized according to the number of at-risk occupants and the severity of occupant blood lead levels. I authorize the WCHD to obtain any information for verification necessary to process this application. I authorize the WCHD to obtain blood lead laboratory results through the Michigan Care Improvement Registry. I agree to let the WCHD to share these results privately with authorized program representatives. I authorize the use of information from this application and lead investigation for potential research studies. I understand that my personal health information will not be used. I answered all questions truthfully and to the best of my knowledge. I understand there is a penalty for false 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	Property Owner Signature	Date
_____	_____	_____
Print Tenant Name (if applicable)	Tenant Signature (if applicable)	Date