

Michigan Lead Safe Home Program

IS YOUR HOME SAFE FOR YOUR CHILD?

Do you live in an older home that may have peeling paint or old windows? We can help make repairs to your home to make it lead-safe for your family.



WHAT HELP IS PROVIDED?

FREE lead Inspection (\$750 value) on your home.

FREE lead safety work which may include new windows, doors, painting, special cleaning or plumbing repairs.

WHAT IS THE COST?

Owner Occupied – We may provide an average of \$10,000 or more. You may be asked to pay a small fee.

Landlords– We may provide an average of \$10,000 or more. You will be asked to contribute a small portion of cost.

Tenants- There is no cost to you. We need your landlord's permission before starting work.

You may qualify for help if you meet all criteria in EITHER Option 1 OR Option 2 below:

OPTION 1

- ◇ There must be a child under 19 years of age or pregnant female enrolled in Medicaid
- ◇ Your home must be located in Flint, Detroit OR elsewhere if a child under 19 years of age with a lead level of 5 or higher resides.

OPTION 2

- ◇ There must be a child under 6 years of age **OR** a pregnant female LIVING IN the home
- ◇ Your home must be located in Genesee, Ingham, Jackson, Kalamazoo, Kent, Lenawee, Macomb, Oakland or Saginaw county or the city of Detroit, **OR** elsewhere if a child under 6 years of age with a lead level of 5 or higher resides
- ◇ Occupant income (**gross**) must be low or moderate
- ◇ Your home or apartment must be built prior to 1978
- ◇ The property taxes on your home must be paid up-to-date or on an active payment plan.

Contact Us with Questions:

Michigan Lead Safe Home Program
Toll Free (866) 691-5323, Fax (517) 284-9956
www.michigan.gov/leadsafe

Getting Started is Easy! Just fill out the attached application and send to:
MDHHS Lead Safe Home Program
PO Box 30037
Lansing, MI 48909



MICHIGAN'S LEAD SAFE HOME PROGRAM

The Lead Safe Home Program at the Michigan Department of Health and Human Services offers assistance to low and moderate- income families, as well as Rental Property Owners, in making their homes lead-safe for children. The Program has made over 2,600 homes lead-safe since March, 1998. Hundreds of young children now live in housing made lead safe through our program.

- ★ Children are at risk of getting lead poisoning if they live in a house or visit a home/daycare built before 1978 that has paint that is chipping, peeling, cracking or chalking.
- ★ Lead in paint, house dust, soil and sometimes water hurts a child's health and can cause behavior problems such as learning disabilities, hyperactivity and poor hearing.
- ★ Most children do not show signs of being sick from lead. The only way to find out if your child has lead poisoning is through a blood test. Call your child's doctor or clinic to have the test done.

What is the Lead Safe Home Program?

If you are eligible for the Lead Safe Home Program, we will provide a FREE Lead Inspection On your home and an average of \$10,000 or more in work to make your home lead-safe, including items such as new windows, doors, painting and cleaning. Both rental properties and owner occupied properties are eligible.

To qualify for the Lead Safe home Program, you must meet ALL criteria in EITHER Option 1 OR Option 2 but are not required to meet both options:

OPTION 1:

- There must be a child under 19 years of age or pregnant female enrolled in Medicaid
- Your home must be located in Flint OR elsewhere if a child under 19 years of age with a lead level of 5 or higher resides.

OPTION 2:

- There must be a child under 6 years of age **OR** a pregnant female LIVING IN the home;
- Your home must be located in Genesee, Ingham, Jackson, Kalamazoo, Kent, Lenawee, Macomb, Oakland or Saginaw county or the city of Detroit, **OR** elsewhere if a child under 6 years of age with a lead level of 5 or higher resides.
- Occupant income (**gross**) must be low or moderate;
- Your home or apartment must be built prior to 1978;
- The property taxes on your home must be paid up-to-date or on an active payment plan.

In addition, eligibility is also based on condition of home and estimated cost of fixing lead hazards. In some target areas, it may be necessary that you first apply to the local lead program covering your area. Finally, please note that each family may receive different repairs based on where lead hazards are identified and the option above in which your family is eligible.

Priority will be given to families meeting the following criteria:

- Your child or a visiting child has an elevated blood lead level
- Your home is occupied by a pregnant woman.
- Your home was built prior to 1940.
- Your home is used as an in-home daycare.

The following commitments must be made by the household:

- Allow field staff into your home to inspect for lead before and after the project
- Children under 6 years old must have blood tests for lead before and 6 months after the project.
- Most likely, the family must move out of the home during project construction.
- May be asked to contribute to the project in some way, either money or labor.

In return, you'll receive an average of \$10,000 or more in work on your home, including items such as new windows, doors, painting and cleaning. Since each home is different, this depends on the size and condition of your home, as well as the location where lead-based paint is found. At the end of the work, you'll have peace of mind, that your home is now safe for young children!

How does the Lead Safe Home Program work?

1. Complete an application. Follow the directions carefully.

2. Funding is provided as follows:

Owner Occupied: Grant funds will be provided towards lead hazard control. The homeowner may be asked to contribute a small amount to project cost.

Rental Properties: Grant funds will be provided, dependent upon certain criteria of your property. The remaining costs must be paid by the rental property owner.

3. Program field staff will contact you to visit the home to conduct an initial site visit and to determine if the home meets basic housing code standards.
4. If approved for the Lead Safe Home Program, a field staff will come back to your home and do a full lead inspection/risk assessment at **no cost** to find areas that are hazardous to young children.
5. Based on this inspection, the field staff will write a list detailing what needs to be fixed to make the home lead-safe.
6. The field staff will bid and contract with a state-certified lead abatement contractor to perform the work. The hazard reduction work typically takes 5-10 days to complete but may take longer. You will be required to relocate from the house, at your own expense, during construction on the inside of the home.

Call toll-free (866) 691-LEAD (5323) for an application or for help to complete.

Lead Safe Home Program- Healthy Homes Section

PO Box 30037

Lansing, MI 48909

www.michigan.gov/leadsafe

LEAD SAFE HOME PROGRAM APPLICATION

Please call (866) 691-5323 if you need assistance in completing this application.

*If you are currently enrolled in Medicaid AND live in Flint, complete page 1 and 2 ONLY and submit.
ALL others, complete ALL pages and submit.*

PART 1: OCCUPANT INFORMATION (If Property is vacant, please write "Vacant")

| | |
|----------------------------------|---|
| OCCUPANT NAME: _____ | TOTAL NUMBER LIVING IN HOUSEHOLD: _____ |
| OCCUPANT TELEPHONE NUMBER: _____ | ALTERNATE TELEPHONE NUMBER: _____ |
| OCCUPANT EMAIL ADDRESS: _____ | WHEN IS THE BEST TIME TO REACH YOU: _____ |

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 |
| HOW DID YOU HEAR ABOUT OUR PROGRAM? _____ | | | |
| HAS THIS PROPERTY EVER BEEN ENROLLED IN A LEAD PROGRAM? IF YES, WHICH ONE? _____ | | | |
| 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 THE WATER SERVICE LINE BEEN REPLACED OR SCHEDULED TO BE REPLACED? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE _____ | | | |

PART 3: OWNER INFORMATION (Complete only if different from Occupant)

| | | | | |
|---|---|------------------------------|--------------------------------------|--------------------------------------|
| NAME: _____ | <input type="checkbox"/> Individual | <input type="checkbox"/> LLC | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation |
| ADDRESS: _____ | TELEPHONE NUMBER: _____ | | | |
| CITY: _____ STATE: _____ ZIP: _____ | ALTERNATE TELEPHONE NUMBER: _____ | | | |
| OWNER EMAIL ADDRESS: _____ | WHEN IS THE BEST TIME TO REACH YOU: _____ | | | |
| Property owner, please remember to sign page 4 of this application. We cannot proceed without your signature. | | | | |

By signing below, the PARENT/GUARDIAN authorizes the MDHHS, Healthy Homes Section to obtain blood lead laboratory results through the Michigan Care Improvement Registry, on the children under six years of age residing in the unit and share these results confidentially with authorized program representatives. By signing below, the occupant and property owner authorizes the MDHHS, Healthy Homes Section 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 the Michigan Department of Health and Human Services (MDHHS) and/or the Healthy Homes Section. MDHHS is not responsible for any damage to real or personal property, including damage due to theft or fire.

| | | |
|---|----------------------------------|------|
| Owner/Landlord Name (please print) | Owner/Landlord Signature | Date |
| Tenant Name (if applicable, please print) | Tenant Signature (if applicable) | Date |

CONTINUE TO PAGE 2

| | | | |
|---|---------------------------------|------------------------|---------------|
| Application Logged In _____ | App No: _____ | Denial: _____ | Reason: _____ |
| BLL: _____ | Partnership: _____ | Fund Source: _____ | |
| Income: _____ | Target Area: _____ | Funding Maximum: _____ | |
| Part V: _____ | Total Application: _____ | | |
| APPROVED FOR LSHP ENROLLMENT: _____ | | | |
| If property located in locally serviced HUD/Medicaid area, date verified that property not enrolled locally: _____ | | | |

PART 4: OCCUPANT DETAIL: Please complete the table below.

- All occupants, adult and children, must be listed and information complete. Attach an additional sheet of paper, if necessary.
- This Program requires that all children under 6 years old be tested for blood lead poisoning before and after lead reduction work is done on your home. Contact your doctor or county health department to arrange for blood tests. This information will be treated as confidential.
- Homes with children under 6 years of age (Age birth to 5) with an Elevated Blood Lead (EBL) level will be given higher priority.
- Proof of income should be listed for all those who are 18 years of age and older within the household.

The Department of Health and Human Services does not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political belief.

| NAME | DATE OF BIRTH | MEDICAID (Y/N) | MEDICAID BENEFICIARY NUMBER | Has this person been told by a doctor/ nurse that he/she has asthma? | Number of times this person visited ER in last year for asthma: | Number of times this person was hospitalized in last year for asthma: | HISPANIC/ LATINO (YES OR NO) | RACE |
|------|---------------|----------------|-----------------------------|--|---|---|------------------------------|---|
| | | | | | | | | A-ASIAN B- BLACK W- WHITE H- HAWAIIAN/ PACIFIC ISLANDER I- AMERICAN INDIAN/ ALASKAN |
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IF YOU ARE ENROLLED IN MEDICAID AND LIVE IN FLINT, STOP HERE!

Mail Completed Page 1 and 2 to:
 MDHHS- Healthy Homes Section
 PO Box 30037
 Lansing, MI 48909
 Fax (517) 284-9956



IF YOU ARE NOT ENROLLED IN MEDICAID OR DO NOT LIVE IN FLINT, CONTINUE TO PAGE 3.

PART 5: PRIORITY CRITERIA

| Please answer ALL of the following questions, by checking “Yes”, “No” or “Don’t Know”. Failure to provide information will be reason for denial. Please call (866) 691-5323 if you need assistance. | | Yes | No | Don't Know | Pgm Use |
|--|---|-------------------------|----|------------|---------|
| 1. Was the house at the above address built before 1978? Approximate Year Built _____ | | | | | |
| 2. Are property taxes paid up through the last billing cycle? | Program use: <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid Date Verified __ | | | | |
| 3. Is the house/apartment owned by a federal, state, or local government agency? | | | | | |
| 4. Does the house/apartment have at least one bedroom? | | | | | |
| 5. Do you agree to have your children under 6 years old tested for lead poisoning 6 months following lead work? | | | | | |
| 6. Is this property or tenant currently participating in a HUD program? If yes, which one? _____ | | | | | |
| 7. Do you or the property owner have homeowner’s and/or renter’s insurance that covers theft and fire? | | | | | |
| 8. Is there a child under the age of 6 living in the house full time? If yes, how many? _____ | | | | | |
| 9. Is there a child under the age of 6 who is a regular visitor (for at least six hours per week, ten weeks per year)? <i>Please note, a child resident or pregnant female living in the property is required for enrollment in this program.</i> | | | | | |
| 10. Is there a child under 6 living in or a regular visitor to this home with a blood lead level of 5 or higher? | | | | | |
| 11. If you are the owner, would you be willing to contribute cash or labor towards this project? | | | | | |
| 12. Is there a pregnant woman living at this address? | | | | | |
| 13. Is there a woman living at this address between the ages of 16 and 45? | | | | | |
| 14. Do you understand that your household may be asked to relocate for up to 10 days while work occurs? | | | | | |
| 15. Is this home being used as a day care? If so, how many children attend? _____ | | | | | |
| 16. Was this home built prior to 1940? | | | | | |
| 17. Landlord only: Have you been cited by the local prosecutors office for a child’s lead poisoning? | | | | | |
| 18. Landlord only: Have you been cited by any party for non-compliance of the lead disclosure law? | | | | | |
| 19. Detroit Landlords only: Is this rental unit currently registered with the City of Detroit? | | | | | |
| 20. How long have you lived at this address? | | ___ Years ___ Months | | | |
| 21. If you are a tenant and currently renting, please list the monthly amount you pay for rent. | | \$ /month | | | |

CONTINUE TO PAGE 4

PART 6: INCOME CHECKLIST

This section must be filled out by the OCCUPANT of the property and income documentation must be attached for the OCCUPANT only. Please check the appropriate boxes if anyone age 18 and older receives any of the following income.

PLEASE INCLUDE DOCUMENTATION TO SUPPORT ANY INCOME CHECKED BELOW. FOR PAYROLL, PLEASE ATTACH A COPY OF THE MOST PREVIOUS YEAR W2, TAX RETURN OR THREE CURRENT PAY STUBS. FOR ALL OTHER SOURCES OF INCOME RECEIVED, PLEASE ATTACH A PAYMENT STATEMENT.

| INCOME SOURCE TYPE | RECEIVING? (YES/NO) | INDIVIDUAL WHO RECEIVES | GROSS MONTHLY AMOUNT RECEIVED |
|------------------------------------|------------------------|----------------------------|--|
| PAYROLL | | | |
| PAYROLL | | | |
| UNEMPLOYMENT COMPENSATION | | | |
| DISABILITY COMPENSATION | | | |
| WORKER'S COMPENSATION | | | |
| CHILD SUPPORT | | | |
| ALIMONY | | | |
| SEVERANCE PAY | | | |
| DHS CASH ASSISTANCE | | | |
| SUPPLEMENTAL SECURITY INCOME (SSI) | | | |
| ANNUITY OR RETIRMENT | | | |
| PENSION | | | |
| OTHER | | | |

Failure to submit documentation of income may be cause for program denial.

By signing below, the PARENT/GUARDIAN authorizes the MDHHS, Healthy Homes Section to obtain blood lead laboratory results through the Michigan Care Improvement Registry, on the children under six years of age residing in the unit and share these results confidentially with authorized program representatives. By signing below, the occupant and property owner authorizes the MDHHS, Healthy Homes Section 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 the Michigan Department of Health and Human Services (MDHHS) and/or the Healthy Homes Section. MDHHS is not responsible for any damage to real or personal property, including damage due to theft or fire.

Owner/Landlord Name (please print)

Owner/Landlord Signature

Date

Tenant Name (if applicable, please print)

Tenant Signature (if applicable)

Date

**Mail completed application and income information to:
MDHHS- Healthy Homes Section
PO Box 30037
Lansing, MI 48909
Fax (517) 284-9956**