

MDHHS Lead Abatement Program Overview



MDHHS Lead Abatement



We serve the entire State of Michigan
(with assistance from local grantees)



Our programs provides environmental lead
identification and remediation services



Served 949 children last year

Residential Environmental Services Section (RESS)



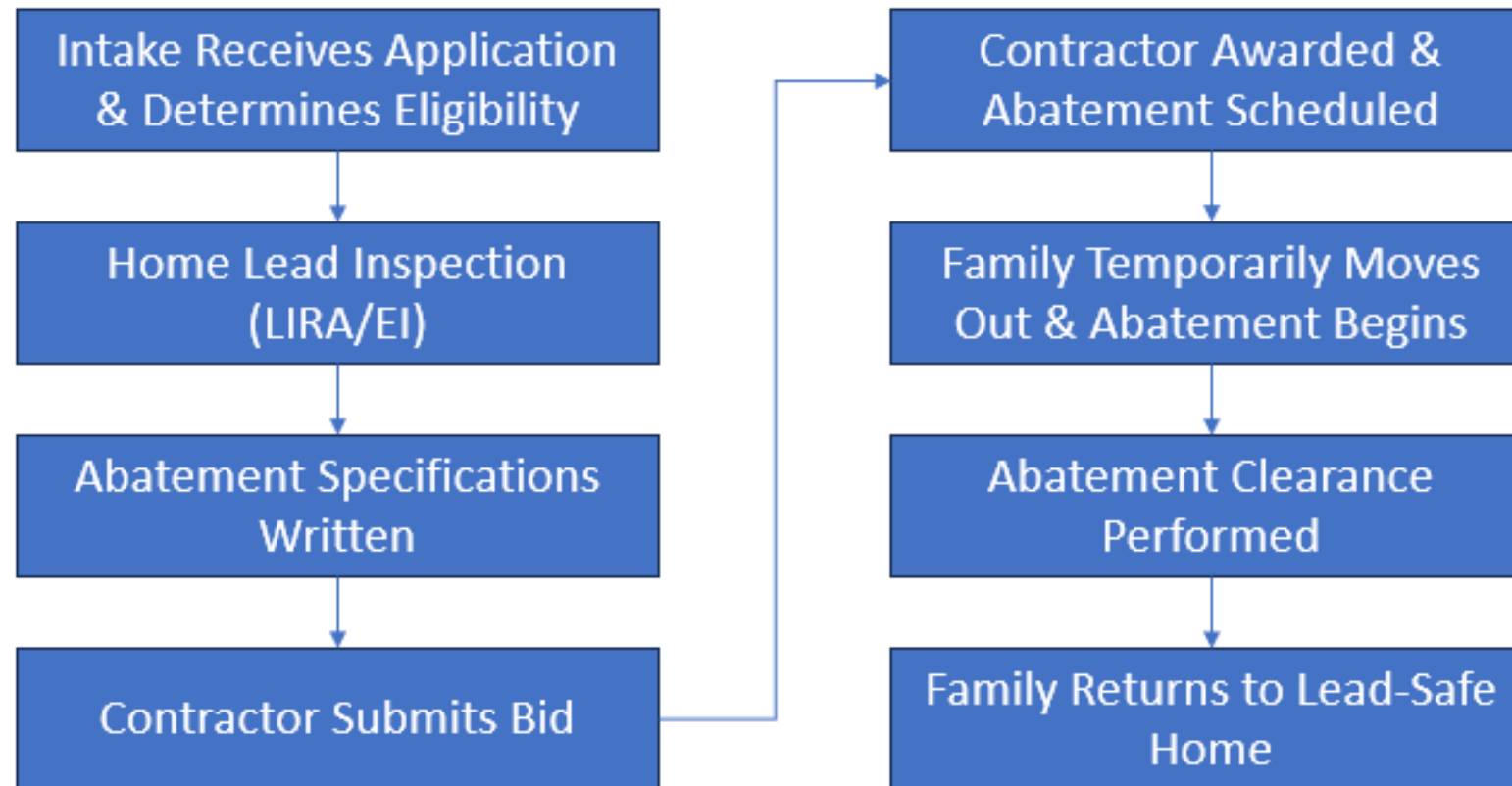
- Lead Abatement Programs:
 - Lead Safe Home Program (LSHP)
 - AKA “The State Program”
 - Community Development Grantees
 - AKA “CHIP Grantees”

Community Development Grantees



- City of Battle Creek (serving Calhoun County)
- City of Grand Rapids (serving Kent County)
- Human Development Commission (serving the thumb counties)
- City of Detroit (serving target zip codes)
- Community Action Agency (serving Lenawee & Hillsdale County)
- City of Muskegon (serving Muskegon County)
- Delta & Menominee Public Health Department (Serving all UP counties)

Lead Abatement Process



One Application – Anywhere in MI



MDHHS-Lead Services Section
PO Box 30195, 3rd floor, Lansing, MI 48909
Michigan.gov/MILeadSafe
MDHHS-LeadApps@michigan.gov
Ph: 517-335-9390 Fx: 517-284-9956

Lead Services Application

Lead services may include resources/services for finding, fixing and reducing exposure to lead hazards in paint, dust, soil, and drinking water. All parts of the application must be complete for processing. Rental properties require information from both the renter/tenant and the rental property owner. If seeking service in a multi-unit property, all units must submit an application.

PART I: INFORMATION ABOUT THE PROPERTY SEEKING LEAD SERVICES

Property address: Apt #:

City: State: Zip: County: Number of apartments in building:

This property is: Owner occupied Under a land contract
 A rental property Vacant

This property currently has: Water Heat Roof leaks
 Electricity Previous roof leaks

The kitchen faucet looks like:

Faucet with sprayer head Faucet/no sprayer

The property's water comes from: A private well Public water supply Unsure

All occupants living in the home/property seeking lead services

Name (first and last)	Date of Birth	Medicaid Beneficiary Number	Does this person have a blood lead level of 3.5 or higher?	Is this person pregnant?
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Untested	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Untested	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Untested	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Link to Application:

- <https://www.michigan.gov/mileadsafe/lead-services/apply-for-home-lead-services>

Before and After



Before and After

