



City of Muskegon CNS

Lead Safe Muskegon

Program Application



Submit application to:
Public Health
Muskegon County
1903 Marquette Ave,
Suite S101
Muskegon 49442

The purpose of the Lead Safe Muskegon Program (LSMP) is to prevent childhood lead exposure in Muskegon County by identifying hazards and performing repairs to homes that have tested positive for lead. **To be eligible for this program, a Medicaid eligible child under the age of 19 must live in the home full time. Households without a minor child living full time at the address are not eligible. Owner occupied households in which a child with an elevated lead level lives are given priority.**

A child's lead level must be confirmed by a VENOUS blood draw requested by the child's medical provider. Please have the blood test and results BEFORE submitting an application.

Applications must be submitted to Public Health Muskegon County at:
1903 Marquette Ave, Suite S101 Muskegon 49442

APPLICANT NAME: _____

STREET ADDRESS: _____ Apt #: _____

CITY: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

Preferred method of contact: Phone Call Text Message Email

How did you hear about this program? _____

Preferred language: _____

This property is: Owner Occupied Under a land contract A Rental Property * Vacant

***If this is a multi-unit rental property, occupants of each unit must submit an application**

This property currently has: Water Heat Roof Leaks Electricity
 Previous Roof Leaks

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

Please list all occupants living in the home seeking lead services:

First and Last Name	Date of Birth	Medicaid Beneficiary Number	Is this Person Pregnant?	What is this person's lead level? Tested via a VENOUS blood test.

Information about the rental property owner: (Skip this section if the house is not a rental property)

Property Owner Name: _____

Rental Property Company: _____

Physical Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Email Address: _____

By signing I (tenant and property owner) permit MDHHS and City of Muskegon to perform a lead investigation on this property. I/we agree to fully cooperate in potential lead hazard control work. I/we understand I/we must disclose results of lead-activities to potential lessees or buyers of this property. I/we understand MDHHS and City of Muskegon are not responsible for uninsured properties or for any damages including theft and fire to real or personal property. I/we authorize MDHHS and City of Muskegon to obtain blood lead laboratory results through the Michigan Care Improvement Registry. I/we agree to let MDHHS share these results privately with authorized program representatives. I/we authorize the use of information from this application and lead investigation for research studies. I/we understand studies will not use my personal health information. I/we answered all questions truthfully and to the best of my/our knowledge. I/we understand there is a penalty for false or fake 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/we understand signature(s) are required for processing.

Owner Signature: _____ **Occupant Signature:** _____

