



OCCUPANT WORKSHEET – LEAD-SAFE HOMES PROGRAM APPLICATION

Property Address

Property Owner/Landlord Name

Phone Number

The information you provide on this form is needed to determine eligibility of the property at the address given above in the Lead-Safe Homes Program and will not be shared with the property owner/landlord (in the case of a rental property). Incomplete applications may result in significant delays in eligibility determination or prevent enrollment in the program.

Note: If you choose to email your completed application, your personal information supplied may not be fully protected or confidential. Please only consider emailing your completed application if your email provider offers encrypted or secured email options. If you need assistance completing this application, or have questions, please call 608-267-9191 or email DHSLeadSafe@wi.gov.

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

Part 1: OCCUPANTS AND REGULAR VISITORS – Include names and birthdates of all occupants or “regular visitors*” and complete the answers for each. Add an additional form if there are more than six occupants or “regular visitors.”

To avoid delays, please print clearly.

Occupant and/or Regular Visitor* First Name, Middle Name, Last Name	Date of Birth (mm/dd/yyyy)	Currently pregnant?	Enrolled in Medicaid or BadgerCare Plus?	Known to have asthma?	Visited the ER in the last year for asthma?	Occupant or regular visitor*?	Hispanic/ Latino	Race: A – Asian B – Black W – White I – American Indian/Alaskan O – Other
		<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"/> Occupant <input type="checkbox"/> Visitor	<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"/> Occupant <input type="checkbox"/> Visitor	<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"/> Occupant <input type="checkbox"/> Visitor	<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"/> Occupant <input type="checkbox"/> Visitor	<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"/> Occupant <input type="checkbox"/> Visitor	<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"/> Occupant <input type="checkbox"/> Visitor	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*A “regular visitor” is someone who visits two or more times a week for at least 3-hours each time, or at least 60-hours per year.

Part 2: AGREEMENTS AND SIGNATURE

By signing below, I

1. Authorize the Wisconsin Department of Health Services (WI DHS) Lead-Safe Homes Program (LSHP), and its designees to obtain Medicaid or BadgerCare Plus benefit information and blood lead laboratory results from the WI DHS for the occupants or the regularly visiting people listed in Part 1 and share these results confidentially with authorized program representatives.
2. Agree to cooperate fully with any lead investigation and abatement work that is conducted at the property as part of LSHP.
3. Acknowledge that I may be relocated during the lead hazard reduction work and will be responsible for any incidentals and pet fees during that time and agree to follow rules as they relate to the relocation and the facility where we are relocated.
4. Acknowledge that I will be asked to move my personal items out of the work area into a program supplied storage pod/unit prior to the start of the lead hazard control work. If this is not done, I acknowledge that there will be delays to the start of work or the property's application may be withdrawn.
5. Verify that the answers provided in this application are accurate to the best of my knowledge and understand that providing false information can be grounds for WI DHS and/or the LSHP to deny participation and/or pursue legal action to recuperate project costs.
6. Acknowledge and agree that my property is not the responsibility of WI DHS and/or the LSHP, and that WI DHS is not responsible for damage to real or personal property, including damage due to theft or fire.

Print Name of Occupant	SIGNATURE – Occupant	Date Signed
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Mail this to the **Department of Health Services, Lead-Safe Homes Program, 201 E. Washington Ave., Room E100, PO Box 2659, Madison, WI 53701-2659** or to our confidential fax number 608-223-7702.