

OCCUPANT WORKSHEET - LEAD-SAFE HOMES PROGRAM APPLICATION

Rental Property Address:	Application No:
Property Owner/Landlord	Phone No.

Your landlord submitted an application to make repairs to the rental property where you live to make it lead safe. The information you provide on this form will **only** be used to enroll the rental property at the address given above in the Lead-Safe Homes Program and will **not** be shared with the property owner/landlord. If you need assistance completing this application, or have questions, please call 920-232-3000 or email health@winnebagocountywi.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.”

Name – Occupant and/or Regular Visitor*	Date of Birth (mm/dd/yyyy)	Currently Pregnant?	Enrolled in Medicaid or BadgerCare Plus?	Diagnosed with asthma?	Visited the ER in the last year for asthma?	Tenant or regular visitor*?	Hispanic/Latino	Race: A – Asian B – Black W – White I – American Indian/Alaskan O - Other	For Internal Use Only	
									MA/BCP	BLL
		<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"/> Tenant <input type="checkbox"/> Visitor	<input type="checkbox"/> Yes <input type="checkbox"/> No			
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*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.

If this property is one of the following, then proceed to Part 2.

The primary residence of a foster child **OR** a property where someone who “visits regularly*” is a child under age 19 or pregnant woman who is eligible for Medicaid or BadgerCare Plus.

The primary residence of a child under 19 years of age **OR** a pregnant woman who is enrolled in Medicaid or BadgerCare Plus.

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 children residing in the unit, and share these results confidentially with authorized program representatives.
- 2) Agree to cooperate fully with any lead hazard assessment and abatement work that is conducted at the property as part of LSHP.
- 3) 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.
- 4) Acknowledge and agree that my uninsured property is not the responsibility of WI DHS and/or the LSHP. 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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Send this completed form to **Winnebago County Health Department, Lead Safe Homes Program, 112 Otter Avenue, PO Box 2808, Oshkosh, WI 54903-2808** or to the confidential FAX number, **920-232-3370**.