



LEAD AND HEALTH SERVICES INITIATIVE

KEEPING YOUR HOME SAFE

If your home was built before 1978, it is likely your home had lead-based paint. The Indiana Lead Health Services grant can help protect your family from lead in your home.

About the Lead and Health Services Initiative

- Free lead testing and lead hazard control, including health and safety repairs
- The program is available to qualified homeowners, rental occupants, and rental property owners
- Lead-hazard repair work may include windows, doors, painting, soil, and special cleaning
- There is **NO COST** to you whether you own or rent your home
- Rental property owners must agree to participate in the program before work can begin on your unit

Lead Health Services Initiative Grant eligibility

Lead abatement includes replacement or encapsulation of components having lead based paint and address minimal health and safety issues. Confirm that all apply by checking boxes.

Home or two family rental unit built prior to 1978

Individual(s) age 18 or under OR pregnant female lives at or frequently visits your home and is eligible for or enrolled in Medicaid or CHIP

Property taxes are current

Home located in Indianapolis, East Chicago, Gary, Michigan City, Hammond, or Richmond
OR proof that a child occupant age 6 and under has an elevated blood lead level

Applicant Information

First Name _____ Please select what Homeowner
Last Name _____ best describes your Renter
home situation: Land Contract Purchase
How did you hear about the program?

Renter Information

Name _____ Street Address _____ Apt _____
City _____ State _____ County _____ Zip _____
Phone Number (____) ____ - _____ Email _____

Property Owner Information

Name _____ Street Address _____ Apt _____
City _____ State _____ County _____ Zip _____
Phone Number (____) ____ - _____ Email _____

Property Information

Date of construction (must be pre-1978 to qualify)
If multi-family, how many units are in the building?
Previous lead inspection or risk assessment? Yes No Unknown
Is the property or any occupant participating in a HUD program? Yes No
Are property taxes current? Yes No Unknown

Occupant Detail

All occupants must be listed in the requested information. This includes all adults or children who live in or frequently visit the home. Homes with children younger than the age of 6 with a confirmed elevated blood level will be given the highest priority.

RESIDENT	Name	Date of Birth	Age	Relation to Primary Resident
1				
	Pregnant Female?	Yes	No	
	Child with an elevated blood lead test of 3.5 micrograms/deciliter	Yes	No	

RESIDENT	Name	Date of Birth	Age	Relation to Primary Resident
2				
	Pregnant Female?	Yes	No	
	Child with an elevated blood lead test of 3.5 micrograms/deciliter	Yes	No	

Occupant Detail (continued)

RESIDENT 3	Name	Date of Birth	Age	Relation to Primary Resident
	Pregnant Female?	Yes	No	
	Child with an elevated blood lead test of 3.5 micrograms/deciliter	Yes	No	

RESIDENT 4	Name	Date of Birth	Age	Relation to Primary Resident
	Pregnant Female?	Yes	No	
	Child with an elevated blood lead test of 3.5 micrograms/deciliter	Yes	No	

RESIDENT 5	Name	Date of Birth	Age	Relation to Primary Resident
	Pregnant Female?	Yes	No	
	Child with an elevated blood lead test of 3.5 micrograms/deciliter	Yes	No	

RESIDENT 6	Name	Date of Birth	Age	Relation to Primary Resident
	Pregnant Female?	Yes	No	
	Child with an elevated blood lead test of 3.5 micrograms/deciliter	Yes	No	

RESIDENT 7	Name	Date of Birth	Age	Relation to Primary Resident
	Pregnant Female?	Yes	No	
	Child with an elevated blood lead test of 3.5 micrograms/deciliter	Yes	No	

By signing below, the applicant authorizes Hoosier Environmental Council to request lead testing and Medicaid status information from the Indiana Department of Health. It further authorizes Hoosier Environmental Council to share this information, as well as information gathered on this application, with authorized program representatives for the purposes of qualifying me for this program. By signing below, the applicant and property owner authorizes Hoosier Environmental Council or an authorized program administrator to contact us to request additional financial or other pertinent information as needed for program qualification. The information provided will remain confidential for satisfaction of the state purposes only. The applicant and property owner understands that completion of this application does not guarantee assistance, but only starts the process of applying for this program. We also verify that the answers provided above are accurate to the best of our knowledge, intentionally providing false information may disqualify us from further participation in this program.

Applicant Signature

Date

Rental Property Owner Signature (if owner is not the applicant)

Date

If you have any questions or need assistance with this application, please email Environmental Health Program Manager Anna Rode at arode@hecweb.org or call 317-930-1023.

If mailing this application, please send to:
Hoosier Environmental Council
3951 N. Meridian Suite 100
Indianapolis, IN 46208

