

Occupant Detail: Please complete the table below.

- All occupants, adults, and children living, in the home or frequently visiting must be listed and the requested information provided. If necessary, attach an additional sheet of paper.
- Homes with children younger than the age of 6 with a confirmed elevated blood lead level will be given the highest priority.

Name	Date of Birth (mm/dd/yy)	Age	Relation to Primary Resident	Pregnant Female? Yes or No	Frequently visiting child or pregnant female? Yes or No	Enrolled In Medicaid Or CHIP? Yes or No	Have any children in the home had a blood lead level test? Yes or No	Hispanic/ Latino? Yes or No	RACE A- Asian B- Black W- White H- Hawaiian/ Pacific Islander I- American Indiana/Alaskan O- Other
			Primary						

By signing below, the applicant authorizes the Lead Protection Program (LPP) to request lead testing information from the Indiana State Department of Health. It further authorizes the LPP 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 the LPP 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 stated purpose 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 Name (please print) _____ Applicant Signature (if applicable) _____ Date _____

Rental Property Owner Name (please print) _____ Rental Property Owner Signature _____ Date _____

The Lead Protection Program does not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, political belief, status as a veteran or any other characteristic protected by the federal, state, or local law.

If mailing this application, please send to:
INCAA
 ATTN: Jim Blazek
 1845 West 18th Street
 Indianapolis, IN 46202

Program use only: App Received Date: _____ App No: _____
 Household Verified: _____ Verification Date: _____