



301 North Washington Street  
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Director Public Health

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Dear Parent/Guardian,

The Herkimer County Lead Poison Prevention Program has been granted funding to assist families that have children under 6 years of age with elevated blood lead levels with the cost of remediation of lead paint in the home.

A paint stabilization package will be provided to low-income households living in pre-1978 housing located in Southern Herkimer County. Package materials will be used to clean, re-paint and maintain housing units in order to reduce lead exposure in the home.

Each participating household will receive:

- 1 Cleaning kit
- 1 EPA Renovate Right Brochure
- 1 Voucher for 2 gallons of paint (color selection and pick up by the participant at Ilion True Value Hardware) and 1 painting supply kit (pick up by the participant at Ilion True Value Hardware)

To verify eligibility:

- Participants will be asked to provide a state or federal assistance letter (SNAP, HEAP, HCV or DSS) that has been issued within the past 18 months.
- Landlords will be required to sign a document agreeing to do the painting or to allow the tenant to do the painting.

In addition, persons painting will be required to watch a DIY lead safety video  
<https://www.youtube.com/watch?v=OlggpNsbjY>

We have a limited number of packages that will be provided on a first come first served basis. Please return application and eligibility documentation to:

Herkimer County Public Health  
Lead Poison Prevention Program  
301 N. Washington St.  
Herkimer, NY 13350

# SOUTHERN HERKIMER COUNTY PAINT STABILIZATION PROGRAM Enrollment Form



This program aims to address childhood lead poisoning by providing materials to landlords, homeowners, and tenants to help control hazards from lead in paint. The Herkimer County Lead Poisoning Prevention Program has been granted funding to assist households that have children under 6 years of age with elevated blood lead levels (EBLL).

A paint stabilization package will be provided to low-income families living in pre-1978 housing located in Southern Herkimer County. The intended use of the package materials is to clean, re-paint and maintain housing units to reduce lead exposure. Each participating household will receive: 1 cleaning kit, 1 EPA Renovate Right Brochure, 1 voucher for 2 gallons of paint (color selection and pick up by the participant at Ilion True Value Hardware, 39 W. Clark St.), and 1 voucher for 1 painting supply kit (pick up by the participant at Ilion True Value Hardware). Landlords will be required to sign this document agreeing to do the painting themselves, allowing the tenants to do the painting or paying to hire a RRP certified painting contractor. Persons painting will be required to watch a DIY lead safety video online at [https://www.youtube.com/watch?v=0lggp\\_NsbjY](https://www.youtube.com/watch?v=0lggp_NsbjY) to understand how to perform work practices safely.

To verify eligibility, participant will be asked to provide a state or federal assistance (SNAP, HEAP, HCV or DSS) approval/award letter that has been issued within the past 18 months.

We have a limited number of packages that will be provided on a first enrolled first served basis. Please contact the Herkimer County Lead Poisoning Prevention Program at 315-867-1176 with any questions.

Eligibility Information			
Is this property located in Southern Herkimer County?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Was the property built before 1978?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
How many housing units/apartments are at this address?	<input type="checkbox"/> 1 / Single Family	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5+
How many housing units/apartments at the address applying for services are vacant?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4 <input type="checkbox"/> 5+
Does an EBLL child under 6 years of age live at this address; OR is a pregnant person in the household?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does the participant household with the EBLL child or pregnant person receive federal low-income assistance? (Attach copy of income eligibility award letter from SNAP, HEAP, HCV, DSS or other agency that is dated within the past 18 months)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**If you answered 'NO' to any of the above questions, then STOP. You are not eligible for this program.**

Property Information	
Address of property requesting assistance:	# of Housing Units:
Property Manager Name and Contact Information (if applicable):	
Name of the person performing the painting:	<input type="checkbox"/> Owner/Landlord <input type="checkbox"/> Participant/Tenant <input type="checkbox"/> Contractor

**For rental housing, both the landlord and tenant(s) must sign this application.**

Property Owner / Landlord		Qualifying Participant / Tenant (if not the owner)	
Property Owner / Landlord Name:		Participant / Tenant Name:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Owner / Landlord Primary Address (Street/Mailing)		Participant / Tenant Address (Mailing)	
Address (City) (State) (Zip)		Address (City) (State) (Zip)	
Email Address		Email Address	

**INFORMATION FOR EQUITY PURPOSES**

The following information is requested by the Government and funders for compliance with equal opportunity, fair housing, and disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law states that providers may not discriminate based on this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, information may be noted on the basis of visual observation and surname. If you do not wish to furnish this information, check the box below.

<b>OWNER / LANDLORD</b>	<input type="checkbox"/> I do not wish to furnish this information	<b>PARTICIPANT / TENANT</b>	<input type="checkbox"/> I do not wish to furnish this information
Do you have a disability designation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a disability designation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a Veteran or Active Military?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a Veteran or Active Military?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race: (Check all that apply)</b>	<input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White	<b>Race: (Check all that apply)</b>	<input type="checkbox"/> Native American / Alaskan <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female Non-Conforming/Other _____	<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female Non-Conforming/Other _____
	<b>Born outside US:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Born outside US:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

**DISCLOSURE STATEMENT and AUTHORIZATION**

Herkimer County Public Health (HCPH) offers a variety of services including childhood lead poisoning prevention assistance. HCPH also provides program administration services for County government that provides low-income participants with funds and/or materials to improve social determinants of health. The childhood lead poisoning prevention services and other forms of assistance that may be offered by HCPH, its subsidiaries, affiliates or directors, employees, agents, and/or partners may also be offered by other providers, and you are under no obligation to utilize services and are enrolling voluntarily.

I (We) authorize the Herkimer County Public Health staff to verify income of program participant(s). This information may be shared with New York State, U.S. HUD and any other project partner, which have oversight to review files, policies and procedures (when applicable). I (We) understand that all information contained in this application will be kept confidential in accordance with the Freedom of Information Act. I (We) acknowledge that all protected health information will be kept confidential in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Information may be combined and de-identified to be presented in reports to funders.

I (We) confirm that all the information provided within this application is correct and factual. No information has been withheld. I (We) understand the necessity for accurate and complete information, and I (We) will provide any needed information to complete enrollment. I (We) understand that deliberately providing inaccurate information or an unwillingness to provide the necessary information or documents in a timely manner will result in delays and/or disqualification.

I (We) acknowledge that I (We) will be performing the lead hazard reduction interventions (preparation and painting) according to lead safe work practices. Persons painting will watch a DIY lead safety video online: [https://www.youtube.com/watch?v=0lggp\\_NsbjY](https://www.youtube.com/watch?v=0lggp_NsbjY). Any associated costs of applying the provided paint or use of provided materials will be the responsibility of the owner(s), landlord(s), participant(s), and tenant(s).

The owner(s), landlord(s), participant(s), and tenant(s) hereby indemnify and agree to hold Herkimer County, Herkimer County Public Health, and all partners harmless from all liability, loss, or damage of any nature from participation in this program, including use, preparation, and application of provided materials, either now or in the future, against loss that may result, and the owner(s), landlord(s), participant(s), and tenant(s) further agrees to do whatever is required by Herkimer County Public Health to address said lead hazards at no cost to Herkimer County, Herkimer County Public Health, and all partners.

By signing below, I (We) have read and understand all the information I contained in this program enrollment form.

Signature of Owner / Landlord	Date
Signature of Participant / Tenant	Date