

Water Filter Request Form

Print your name and the street address where the water filter will be used.

First Name: _____ Last Name: _____
Street Address: _____ Apt./Unit Number: _____
City: _____ State: _____
ZIP Code: _____

Complete all 3 sections and check all that apply.

Section 1: To qualify for a filter, you must check both boxes.

- My household receives water from Garden City Water Department
- I have **NOT** and my household has **NOT** received a water filter from Garden City Water Department, Wayne County Health Department or the Michigan Department of Health and Human Services.

Section 2: To qualify for a filter, you must check at least one box.

- A child under age 18 lives at this address.
- A child under age 18 spends a few hours a day and several days a week at this address for at least 3 months of the year. Note: For-profit daycares are not eligible.
- A pregnant woman lives at this address.

Section 3: To qualify for a filter, you must check at least one box.

- My household includes a person who receives WIC benefits or Medicaid insurance.
 - I can't afford a filter and replacement cartridges (filters cost about \$35 and replacement cartridges cost about \$15.)
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Sign below. Your signature indicates that the information you provided above is correct.

Signature: _____ Date: _____

Optional– check all that apply.

- I would like to receive text message reminders from the Michigan Department of Health and Human Services about filter cartridge replacement (when to do it, where to pick them up, etc.).

My cell phone number is _____.

- I would like to receive email reminders from the Michigan Department of Health and Human Services about filter cartridge replacement (when to do it, where to pick them up, etc.).

My email address is _____.



FOR INTERNAL USE: To be completed by the Local Health Department or their designee when processing the filter request for the individual listed on the front of the page.

1. Eligibility review:

- Individual above IS ELIGIBLE to receive a filter and cartridges.
- Individual above IS NOT ELIGIBLE to receive a filter and cartridges.

2. Information Packet Distribution:

Did the individual on the front of this page receive an information packet?

- Yes
- No

3. FOR ELIGIBLE APPLICANTS ONLY, check the appropriate boxes below regarding the type of filter and cartridges provided to the individual listed on the front of this page.

Faucet-mount Filter (should be offered to applicants first)

- One faucet-mount filter was provided.
_____ number of additional faucet-mount replacement cartridges provided.
- Applicant refused faucet-mount filter.
Reason for refusal:

Pitcher Filter (should be offered to applicants who refuse the faucet-mount filter)

- One pitcher filter was provided.
_____ number of pitcher replacement cartridges provided.

None

- No filter or replacement cartridges were provided.
If applicant qualified but did not receive a filter, please explain:

4. Signature:

Staff First Name: _____ Staff Last Name: _____

Staff Signature: _____

Date Provided: _____

Notes: _____
