



PUR® Lead-Reducing Water Filter and Replacement Cartridge Request Form

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

First Name: _____ Last Name: _____
Street Address: _____ Apt #: _____
City: _____ State: _____ ZIP Code: _____

Complete all 4 sections below and check all that apply. To qualify for a PUR® water filter or replacement cartridges for your PUR® filter, at least one box in each section must be checked.

Section 1.

- My household receives water from ***Village of Beulah Water Supply.***

Section 2.

- 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.

- 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).

Section 4.

- My household has **NOT** received a PUR® water filter from ***Village of Beulah Water Supply, Benzie- Leelanau District Health Department*** or the ***Michigan Department of Health and Human Services.***
- My household received a PUR® water filter from ***Village of Beulah Water Supply, Benzie- Leelanau District Health Department*** or the ***Michigan Department of Health and Human Services,*** and I need filter replacement cartridges.

Your signature indicates that the information you provided above is correct.

Signature: _____ Date: _____

Optional – check all that apply

- Send 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.) to my mobile number:

- Send 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.) to my email address:

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. Sign and date the bottom of this form.

- Did the individual listed on the front of this page receive an informational packet?
 - Yes
 - No

- Is the household eligible to receive a filter or replacement cartridge?
 - Yes
 - No → Skip to signature

- Has the household already received a faucet-mount or pitcher filter?
 - Yes → Complete *Box 1: Filter Replacement Cartridge Request* below.
 - No → Complete *Box 2: Filter Request* below.

Box 1: Filter Replacement Cartridge Request
<p>What type of PUR® Filter does the applicant have?</p> <ul style="list-style-type: none"> ○ Faucet-mount ○ Pitcher <p>Offer appropriate replacement cartridge for the filter indicated above. Does the applicant accept?</p> <ul style="list-style-type: none"> ○ Yes → How many replacement cartridges did you provide the applicant? _____ <i>Number of individual replacement cartridges</i> ○ No → Provide reason(s) _____

Box 2: Filter Request
<p>Offer one PUR® faucet-mount filter and replacement cartridges to the eligible applicant. Does the applicant accept?</p> <ul style="list-style-type: none"> ○ Yes → How many additional PUR® faucet-mount filter replacement cartridges did you provide the applicant? _____ <i>Number of individual replacement cartridges</i> ○ No → Provide reason(s) _____ <p>Offer one PUR® pitcher filter and replacement cartridges to the eligible applicant. Does the applicant accept?</p> <ul style="list-style-type: none"> ○ Yes → How many additional PUR® pitcher filter replacement cartridges did you provide the applicant? _____ <i>Number of individual replacement cartridges</i> ○ No → Provide reason(s) _____

Staff First Name: _____ Staff Last Name: _____

Signature: _____ Date: _____

Notes: _____