MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES POTASSIUM IODIDE (KI) VOUCHER

By signing this form I agree that I have read the information provided in this insert and that I am obtaining KI for people who live or work within 10 miles of the Palisades nuclear power plant.

COMPLETE 1 OR 2:

1. FOR A HOUSEHOLD:

Your name:			
Address:		_ Zip:	
Telephone:	_ County:		
Number of people living in your home: Ages:			
2. FOR A BUSINESS:			
Name of business:			
Address:	_ City:	_Zip:	
Contact name:	_Telephone:		
Number of employees/patients/residents/clients:			
Signature:	Date:		

PARTICIPATING PHARMACIES

MEIJER PHARMACIES

1920 Pipestone Rd, Benton Harbor, MI

1223 Phoenix St, South Haven, MI

5019 Red Arrow Hwy, Stevensville, MI

5150 S. Franklin St, Michigan City, IN

PHARMACY USE ONLY

of boxes dispensed:

Lot #:

Date dispensed:

acy name:

City:

2020 INDIVIDUALS WITH FUNCTIONAL NEEDS

If you need assistance, fill out this form, fold in half and mail to the appropriate address listed below.

Date			
I am hard of hearing	Yes 🔲	No 🔲	
I have impaired vision	Yes 🔲	No 🔲	
I am a part-time resident (List months of year you are here)	Yes 🔲	No 🔲	
I am (otherwise disabled)			fo
I would need a ride in an evacuation	Yes 🔲	No 🔲	
Other special needs (explain)			
Name:			
Address:	City:		
Home Phone:	Cell Phone: _		
Any special directions to get to your house?			
(For example: "I live on the north side of County Road 46, in	n the second house w	est of County Road	31.")

CARDS SHOULD BE UPDATED ANNUALLY AND SENT TO THE APPROPRIATE ADDRESS

IF YOU LIVE IN ALLEGAN COUNTY SEND TO:

Allegan County Emergency Management 3271 122nd Avenue, Allegan, MI 49010

IF YOU LIVE IN BERRIEN COUNTY SEND TO:

Berrien County Emergency Management 2100 East Empire, Benton Harbor, MI 49022

IF YOU LIVE IN VAN BUREN COUNTY SEND TO:

Van Buren County Office of Domestic Preparedness 205 S. Kalamazoo Street, Paw Paw, MI 49079