MUH Policy Tracker

It is an important part of Clear Gains that partners around the state track all existing and new smoke-free policies in a coordinated fashion. This tracking form will ensure that everyone is collecting the same information for the statewide list of smoke-free properties. Please refer to the example below and read the instructions before completing and submitting this form.

**Save the document as follows:** [County].[ApartmentName].Tracking.[year]

E*xample: Chippewa.KnitterGardens.Tracking.2012*

**Save the policy as follows:** [County].[ApartmentName].Policy.[year]

**E-mail completed worksheet AND lease addendum/policy to:** Karen Doster at [Karen.Doster@dhs.wisconsin.gov](mailto:Karen.Doster@dhs.wisconsin.gov). If you have any questions, please call at 608-267-6768.

**Coordinator/Submitter Information**

*Name: Disa Patel*

*E-mail patel@org.com*

**Property Management Information**

*Property Management Company Name: Staats Management Company*

*Property Management Company Contact Name: Melissa Horn*

*Property Management Company Contact Phone Number: 414-123-4567*

*Property Management E-mail: staats@ma.co*

**Smoke-Free Property Information**

*Smoke-Free Property Name: Knitter Gardens*

*Smoke-Free Property Address: 89 N. Rainbow Drive*

*Smoke-Free Property City: Cheeseburg, WI*

*Smoke-Free Property County: Chippewa*

*Number of Units Covered by Smoke-Free Policy: 14*

**Smoke-Free Policy Information**

*Policy “Star Level” (check all that applies):*  Building only, including individual units

Smoke-free patios and balconies

Smoke-free entrances

Outdoor designated smoking area

100% entire property, inside and out

*Policy includes the use of electronic nicotine devices such as e-cigarettes:*

Yes

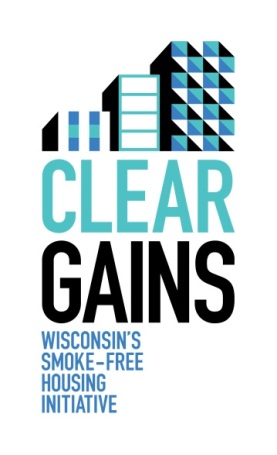
No

*Smoke-Free Effect Date (start of implementation): Oct. 1, 2012*

*Date 100% Smoke-Free (end of implementation): Jan. 1, 2013*

*Subsidized Housing? (drop-down list) Privately Owned, Section 8, Public Housing*

*Number of units: 18*

Clear Gains Policy Tracker

(please enter information below)

**Coordinator/Submitter Information**

Name: Click here to enter text.

E-mail Click here to enter text.

**Property Management Information**

Property Management Company Name: Click here to enter text.

Property Management Company Contact Name: Click here to enter text.

Property Management Company Contact Phone Number: Click here to enter text.

Property Management E-mail: Click here to enter text.

**Smoke-Free Property Information**

Smoke-Free Property Name: Click here to enter text.

Smoke-Free Property Address: Click here to enter text.

Smoke-Free Property City: Click here to enter text.

Smoke-Free Property County: Click here to enter text.

Number of Units Covered by Smoke-Free Policy: Click here to enter text.

**Smoke-Free Policy Information**

Policy “Star Level” (check all that applies):

Building only, including individual units

Smoke-free patios and balconies

Smoke-free entrances

Outdoor designated smoking area

100% entire property, inside and out

Policy includes the use of electronic nicotine devices such as e-cigarettes:

Yes

No

Smoke-Free Effect Date (start of implementation): Click here to enter text.

Date 100% Smoke-Free (end of implementation): Click here to enter text.

Subsidized Housing? (drop-down list) Choose an item.

Number of units: Click here to enter text.