

AFC/HFA LICENSING RECORD CLEARANCE REQUEST

There are two purposes to this form:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Central Files check against current or previous license status of the person being cleared.
3. Produce a Bureau of Children and Adult Licensing (BCAL) files check against current or previous licensee status of the applicant in any county of the state.
4. Live Scan Fingerprint Request is required for Adult Foster Care and Home for the Aged licensees. The Licensing Record Clearance (BCAL-1326A) must be taken with you at the time the fingerprint is conducted.
Note: The TCN# will be filled in by the Fingerprint Specialist and must be completed prior to submitting application to BCAL.

The existence of a conviction record does not necessarily disqualify an applicant for licensure. However, it does provide BCAL with information, which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide BCAL with accurate and truthful information and the authorization requested on this form may be sufficient cause to deny issuance of a license.

AUTHORITY: 1973 PA 116 and 1979 PA 218 COMPLETION Required CONSEQUENCE: Licensure may be denied.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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AFC/HFA LICENSING RECORD CLEARANCE REQUEST STATE OF MICHIGAN

Department of Human Services
Bureau of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM:				LIVESCAN FINGERPRINT REQUEST					
<ul style="list-style-type: none"> Please read the accompanying instructions before completing this form. Please type or print CLEARLY so that the information provided can be read. Mail completed form to BCAL Central Office or address noted in box below. 				<p><i>This section for adult foster care only.</i></p>					
SECTION I: REQUESTOR INFORMATION				TCN# _____					
(Must be completed by licensing consultant/worker)				(MUST BE FILLED IN PRIOR TO RETURNING)					
Return this form to:				Date Fingerprinted: _____					
<div style="border: 1px solid black; padding: 5px; margin: 5px;"> Department of Human Services Bureau of Children and Adult Licensing 7109 W. Saginaw, 2nd Fl. P.O. Box 30650 Lansing, MI 48909-8150 </div>				Type of Picture I.D. presented: _____					
				<input type="checkbox"/> FCL (Adult Foster Care) Agency ID: 86871E <input type="checkbox"/> HAL (Homes for the Aged) Agency ID: 86872L					
Licensee/Applicant Name		Name of Facility		County		BCAL License Number (If assigned)			
License/Application Type (check all that apply):									
<input type="checkbox"/> AFC Group Home <input type="checkbox"/> Individual <input type="checkbox"/> Home for the Aged <input type="checkbox"/> AFC Family Home <input type="checkbox"/> Corporate									
The Person Being Cleared Is (CHECK ONLY ONE PER FORM):									
<input type="checkbox"/> Applicant/Co-Applicant <input type="checkbox"/> Licensee/Licensee Designee <input type="checkbox"/> Authorized Representative (for HFA only) <input type="checkbox"/> Responsible Person (AFC Family Homes Only) <input type="checkbox"/> Administrator (Responsible for daily operation of group home) <input type="checkbox"/> Adult Member of Household (specify relationship to licensee):									
SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a BCAL-1326A). PRINT CLEARLY.									
NAME (Last, First, Middle Jr., II, etc.)				GENDER	BIRTH DATE		SOCIAL SECURITY NUMBER		
MARITAL STATUS <input type="checkbox"/> SGL <input type="checkbox"/> MAR <input type="checkbox"/> DIV <input type="checkbox"/> WID				ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))					
ADDRESS (Street Number and Name)					MICHIGAN DRIVERS LICENSE OR STATE ID NUMBER				
CITY		COUNTY	STATE	ZIP CODE	PHONE NUMBER		RACE	HEIGHT	WEIGHT
OTHER STATES RESIDED IN DURING PAST 5 YEARS:									
<ul style="list-style-type: none"> I am aware that Michigan Department of State Police records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute. I understand that I am also an employee of an AFC facility the licensee must complete a background check on me, including fingerprinting, in addition to this clearance. MCL 400.734b. I certify that the information I have given on the form is, to the best of my ability, true and correct. The Department may perform this check at any time while I am licensed. 									
Have You Ever Been Convicted Of A Crime, Felony Or Misdemeanor?									
<input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain) Type, Location, and Date of Conviction(s)									
Signature Of Person To Be Cleared						Date			

SECTION III: CENTRAL RECORDS CLEARANCE (BCAL Use Only)				SECTION IV: CONVICTION CLEARANCE			
PREVIOUS LICENSE?		INITIALS/CLEARANCE DATE		For BCAL Use Only			
<input type="checkbox"/> NO <input type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED							
LICENSE NUMBER							
ADVERSE ACTION? <input type="checkbox"/> YES							
SECRETARY OF STATE DISCREPANCY?		INITIALS/CLEARANCE DATE					
<input type="checkbox"/> NO <input type="checkbox"/> YES							