

**SELF-CERTIFICATION STATEMENT
OUT-OF-STATE CLEARANCES
CHILD CARE CENTERS**

Michigan Department of Human Services

Applicant/Licensee Name	Facility Name	License Number
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I, _____, hereby certify that in the preceding 10 years as an adult, I lived in the state(s) of _____

Child Abuse and Neglect Registry

Have you ever been substantiated for abuse or neglect of children in the state(s) of previous residence?

No Yes

If yes, explain, including location and date of substantiations (attach a separate sheet if needed).

Criminal History

Note: This section does not need to be completed by applicants, licensee designees or program directors.

Have you ever been convicted of a crime in the state(s) of previous residence?

No Yes

If yes, explain, including location and date of substantiations (attach a separate sheet if needed).

I certify that the information provided on this form is, to the best of my knowledge, true and accurate.

Signature	Date
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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.