

Michigan Department of Human Services
Bureau of Children and Adult Licensing
 REQUEST OF CHILD CARE FORMS

MAIL REQUEST TO: Department of Human Services Bureau of Children and Adult Licensing 7109 W. Saginaw, 2 nd Floor P.O. Box 30650 Lansing, MI 48909-8150 Fax: 517-335-6121	MAIL FORMS TO: (REGISTRANT/LICENSEE) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Facility Name</td></tr> <tr><td style="padding: 2px;">Name</td></tr> <tr><td style="padding: 2px;">Street Address</td></tr> <tr><td style="padding: 2px;">City/State/Zip</td></tr> <tr> <td style="padding: 2px;">Registration/License #</td> <td style="padding: 2px;">Capacity</td> </tr> <tr><td style="padding: 2px;">Phone #</td></tr> </table>	Facility Name	Name	Street Address	City/State/Zip	Registration/License #	Capacity	Phone #
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All forms and publications may be **downloaded and printed** from our Web site:
www.michigan.gov/michildcare.
 All BCAL forms and publications may be reproduced.

FAMILY AND GROUP CARE HOMES

NAME OF FORM	FORM #	QUANTITY
Child Information Record	BCAL-3731	
Medical Clearance Request (for caregiver and assistant caregivers only)	BCAL-3704	INTERNET ONLY
Child In Care Statement/Receipt	BCAL-3900	
Licensing Rules for Family and Group Care Homes	BCAL PUB 724	

CHILD CARE CENTERS

NAME OF FORM	FORM #	QUANTITY
Child Information Record	BCAL-3731	
Medical Clearance Request	BCAL-3704	INTERNET ONLY
Licensing Rules for Child Care Centers	BCAL PUB 8	

Health Appraisal [children] (MDCH/BCAL-3305) - This form can only be downloaded and printed from our Web site or ordered from the Department of Community Health, via fax at 517-335-9855.