

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	
Licensing Record Clearance Request (for adult household members)	BCAL-1326	
Medication Permission and Instructions	BCAL-1243	INTERNET ONLY
Child In Care Statement/Receipt	BCAL-3900	
Incident, Accident, Illness, Death or Fire Report	BCAL-4603	INTERNET ONLY
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	
Licensing Record Clearance Request	BCAL-1326	
Incident, Accident, Illness, Death or Fire Report	BCAL-4603	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.

Forms Request CDC revised 7/09

The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, 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.