



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

SHELLY EDGERTON
DIRECTOR

Dear Camp Applicant

Attached is the application for a Children’s or Adult Foster Care Camp **Program** license. You can access the rules at:

http://w3.lara.state.mi.us/orr/Files/AdminCode/638_10609_AdminCode.pdf.

A set of sample written required material is available:

http://www.michigan.gov/documents/dhs/Camp_Sample_of_Required_Materials_4_09_275781_7.pdf.

The Licensing Rules for Children’s and Adult Foster Care Camps include: Part 1, General Provisions, which applies to the program license; Part 2, Fire Safety; Part 3, Environmental Health and Safety and Part 4, High Adventure, apply to the site license. Programs are licensed as either CR, Children’s Residential, or CD, Children’s Day. A CR license may have both day and residential camp programs. A CD licensee may only have day camps, as additional fire.

CAMP APPLICATION: Complete the application for your camp program.

APPLICATION FEE: Send the fee in the form of a check or money order written to the “**State of Michigan**” along with the application form and other applicable documentation to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
P.O. Box 30664
Lansing, MI 48909-8164

The fee schedule for program licensure is non-refundable as follows:

APPLICATION TYPE	FEE FOR ORIGINAL PROGRAM
1. Children’s Camp	
Licensed Capacity 5-100	\$100
100+	\$200
2. Adult Foster Care Camp	
Licensed Capacity (ALL)	\$ 40

REQUIRED INFORMATION: Be sure to include the dates that the program is going to run. This information must be submitted for every camp program to ensure that consultants know when you are running and whether your camp is planning trips out of the camp. All directors will need to complete a Licensing Record Clearance Request.

LICENSE RECORD CLEARANCE: If you have a new administrator, please complete and submit the provided License Request Clearance Record, BCAL-1326-Camp and the Livescan Fingerprint Background Check Request form (RI-030) (available at www.michigan.gov/documents/msp/ri-030_393611_7.pdf). All administrators and **ONLY** administrators are required to be fingerprinted at the expense of the camp one time only for the continuous duration of their employment with this camp. The requirement for fingerprinting is in statute, MCL 722.115c. You can also access the current camp rules at http://w3.lara.state.mi.us/orr/AdminCode.aspx?AdminCode=Department&Dpt=LR&Level_1=Bureau+of+Community+and+Health+Systems under Licensing and Regulatory Affairs, Bureau of Community and Health Systems, Children's and Adult Foster Care Camps.

If you are the administrator for both a program and a site license, please indicate both license numbers on your clearance forms.

If you rent a site, you are responsible for making sure the site is licensed.

Should you have any additional questions or problems, feel free to contact Darrell Clay at (269) 615-6379 or Steven Seager at (989) 745-1840.

Jay Calewarts, Program Manger
Bureau of Community and Health Systems

CAMP LICENSING RECORD CLEARANCE REQUEST (BCAL-1326-CAMP) and LIVESCAN FINGERPRINT BACKGROUND CHECK REQUEST INSTRUCTIONS

The purpose of these forms is to:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Department of Health and Human Services Central Registry File check regarding the possible existence of a substantiated child abuse or neglect record.
3. Produce a licensing file check against current or previous license status of the applicant in any county of the state.

Note: The Department may perform this check at any time while you are licensed or associated with a licensed facility.

Instructions for Livescan Fingerprinting: Livescan Fingerprints are required for an applicant, licensee, licensee designee, program director, director, or administrator. You may select a fingerprint vendor from the list of Private Livescan Vendors on the Michigan State Police website at: www.michigan.gov/msp/0,4643,7-123-1878_8311-237662--,00.html. The Livescan Fingerprint Background Check Request form (available at www.michigan.gov/documents/msp/ri-030_393611_7.pdf) **must** be taken with you at the time the fingerprint is conducted. You must complete Sections I and II. Section I must be filled out as follows:

1. Fingerprint Code	2. Requestor/Agency ID	3. Agency Name
Camps CCI	92647T	Department of Licensing and Regulatory Affairs

Section III will be completed by the Fingerprint Specialist when you are fingerprinted. After you are fingerprinted, you must submit the completed Livescan Fingerprint Background Check Request form **and** the Camp Licensing Record Clearance Request (BCAL-1326-CAMP) form to licensing. **Both of these forms must be submitted to licensing together.** At renewal, fingerprinting is not required for licensees, licensee designees, program directors, directors, and administrators if it was already completed for licensing.

The existence of a conviction record does not necessarily disqualify an individual for licensure or employment in a licensed facility. However, it does provide licensing with background information which will be carefully evaluated by licensing staff.

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

****DISCLAIMER: ALL FINGERPRINTS PROCESSED WITH INCORRECT FINGERPRINT CODES OR USE OF THE WRONG LICENSE RECORD CLEARANCE REQUEST FORM ARE THE RESPONSIBILITY OF THE INDIVIDUAL. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT FINGERPRINT CODES. ****

AUTHORITY: 1973 PA 116	LARA is an equal opportunity employer/program.
COMPLETION: Required	
CONSEQUENCE: Licensure may be denied or revoked.	

CAMP LICENSING RECORD CLEARANCE REQUEST STATE OF MICHIGAN

Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

DIRECTIONS FOR COMPLETING FORM:

- You must read the accompanying instructions before completing this form **and** the Livescan Fingerprint Background Check Request form.
- Type or print CLEARLY so that the information provided can be read.
- The Livescan Fingerprint Background Check Request form **and** this form must be submitted to licensing together.
- Mail both completed forms to Licensing Central Office or address noted in box below.

REQUESTOR INFORMATION

Michigan Department of Licensing and Regulatory Affairs Bureau of Community and Health Systems P O Box 30664 Lansing, MI 48909		Livescan Fingerprint Code Information Camps CCI (Camp License) – Agency ID-92647T
Licensing Consultant (if known):		
LICENSEE/APPLICANT NAME	County	LICENSE NUMBER (If assigned)
LICENSE/APPLICATION TYPE (CHECK ONLY ONE BOX): <input type="checkbox"/> Camp		
THE PERSON BEING CLEARED IS (CHECK ONLY ONE BOX): <input type="checkbox"/> Applicant/Licensee/Designee -OR- <input type="checkbox"/> Program Director/Director -OR- <input type="checkbox"/> Administrator		

CLEARANCE INFORMATION – PRINT CLEARLY

To be completed by each person to be cleared – see the instruction page. Each person fingerprinted must complete this form **and** the Livescan Fingerprint Background Check Request form.

NAME (Last, First, Middle Jr., II, etc.)				GENDER	BIRTH DATE	SOCIAL SECURITY NUMBER - -	
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Names)					
ADDRESS (Street Number and Name)				MICHIGAN DRIVERS LICENSE OR STATE ID NUMBER			
CITY	COUNTY	STATE	ZIP CODE	PHONE NUMBER	RACE	HEIGHT	WEIGHT
HOW LONG HAVE YOU LIVED IN MICHIGAN?				OTHER STATES RESIDED IN DURING PAST 5 YEARS?			
HOW LONG HAVE YOU LIVED IN THIS COUNTY?							
HAVE YOU EVER: Been convicted of a crime, felony or misdemeanor? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain) Been substantiated for abuse or neglect of children or adults? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain) Type, Location and Date of Conviction(s) or Substantiations: (for additional space attach separate sheet)							
My signature certifies that I have reviewed the instruction page. SIGNATURE OF PERSON TO BE CLEARED						DATE	

CENTRAL RECORDS CLEARANCE (Licensing Use Only)

CONVICTION CLEARANCE

SECRETARY OF STATE DISCREPANCY? <input type="checkbox"/> NO <input type="checkbox"/> YES	INITIALS/CLEARANCE DATE	For Licensing Use Only
INDIVIDUAL ON CENTRAL REGISTRY? <input type="checkbox"/> NO <input type="checkbox"/> YES	INITIALS/CLEARANCE DATE	
PREVIOUS REGISTRATION/LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED	INITIALS/CLEARANCE DATE	
REGISTRATION/LICENSE NUMBER: ADVERSE ACTION? <input type="checkbox"/> YES		