## AFC LICENSING INFORMATION REQUEST STATE OF MICHIGAN

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

The purpose of this form is to collect identifying information on specific individuals associated with the Adult Foster Care license.

## **DIRECTIONS FOR COMPLETING FORM:**

- Type or print CLEARLY so that the information provided can be read.
- Please do not leave any boxes blank as this information is necessary for licensing.

  This information is required for the following individuals: Administrator (AFC Group Home), Responsible Person (AFC Family Home Only), Adult Member of Household.

MAIL TO:									
Michigan Departm Bureau of Commu P O Box 30664 Lansing, MI 48909	ınity and Health S		latory Affairs	S					
•	Licensing Consultant (if known):								
LICENSEE/APPLICANT NAME				County		LICENSE NUMBER (If assigned)			
LICENSE/APPLICATION TYPE (CHECK ONLY ONE BOX):									
AFC Group Home -OR- AFC Family Home									
THE PERSON BEING CLEARED IS (CHECK ONLY ONE BOX):  Administrator (AFC Group Home) Responsible Person (AFC Family Home Only)  Adult Member of Household: Specific relationship to applicant/licensee/registrant:									
NAME OF PERSON BEING CLEARED (Last, First, Middle Jr., II, etc.)				GENDER	BIRTH DATE	SOCIAL SECURITY NUMBER			
MARITAL STATUS  ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Names)									
☐ Single ☐ Married ☐ Divorced ☐ Widowed									
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/COUNTRIES RESIDED IN DURING PAST 5 YEARS?					
HAVE YOU EVER: Been convicted of a crime, fe			□ NO	☐ YES (If yes, €	explain)				
Type, Location and Date of Conviction(s): (for additional space attach separate sheet)									
SIGNATURE						DATE			
(Licensing Use Only)									
SECRETARY OF STATE DIS	CREPANCY	INITIALS/DA	ATE	PREVIOUS REGISTRATION/LICE		_	INITIALS/DATE		
ADDRESS ON MICHIGAN PUBLIC SEX OFFENDER REGISTRY? □ NO □YES		INITIALS/DA	ATE	LICENSE NUMBER:		DISCIPLINARY ACTION? Yes NO			
ICHAT □NO □YES □N/A INITIALS/DATE									

Note: Administrators or Responsible Persons are to be cleared through the Workforce Background Check Program

Website: https://miltcpartnership.org/