

RELATIVE DOCUMENTATION
Michigan Department of Human Services

Child Name	Case Number
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RELATIVE NAME		RELATIVE NAME		RELATIVE NAME		RELATIVE NAME	
<input type="checkbox"/> MATERNAL	<input type="checkbox"/> PATERNAL						
<input type="checkbox"/> GRANDMOTHER	<input type="checkbox"/> GRANDFATHER						
<input type="checkbox"/> AUNT	<input type="checkbox"/> UNCLE						
<input type="checkbox"/> COUSIN	<input type="checkbox"/> ADULT SIBLING	<input type="checkbox"/> COUSIN	<input type="checkbox"/> ADULT SIBLING	<input type="checkbox"/> COUSIN	<input type="checkbox"/> ADULT SIBLING	<input type="checkbox"/> COUSIN	<input type="checkbox"/> ADULT SIBLING
<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER	
ADDRESS		ADDRESS		ADDRESS		ADDRESS	
TELEPHONE NUMBER () ()	TELEPHONE NUMBER () ()	TELEPHONE NUMBER () ()	TELEPHONE NUMBER () ()	TELEPHONE NUMBER () ()	TELEPHONE NUMBER () ()	TELEPHONE NUMBER () ()	TELEPHONE NUMBER () ()
SOCIAL SECURITY NO.		SOCIAL SECURITY NO.		SOCIAL SECURITY NO.		SOCIAL SECURITY NO.	
DATE OF BIRTH	AMERICAN INDIAN <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH	AMERICAN INDIAN <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH	AMERICAN INDIAN <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH	AMERICAN INDIAN <input type="checkbox"/> YES <input type="checkbox"/> NO
TRIBAL AFFILIATION	ENROLLMENT NO.						
CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATE	CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATE	CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATE	CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATE
IF NOT, WHY?		IF NOT, WHY?		IF NOT, WHY?		IF NOT, WHY?	
COMMENTS:		COMMENTS:		COMMENTS:		COMMENTS:	
TYPE OF RESOURCE/SUPPORT <input type="checkbox"/> Placement <input type="checkbox"/> Respite <input type="checkbox"/> Visitation <input type="checkbox"/> Correspondence <input type="checkbox"/> Connecting Child with Cultural/Ethnic Heritage <input type="checkbox"/> Other: _____		TYPE OF RESOURCE/SUPPORT <input type="checkbox"/> Placement <input type="checkbox"/> Respite <input type="checkbox"/> Visitation <input type="checkbox"/> Correspondence <input type="checkbox"/> Connecting Child with Cultural/Ethnic Heritage <input type="checkbox"/> Other: _____		TYPE OF RESOURCE/SUPPORT <input type="checkbox"/> Placement <input type="checkbox"/> Respite <input type="checkbox"/> Visitation <input type="checkbox"/> Correspondence <input type="checkbox"/> Connecting Child with Cultural/Ethnic Heritage <input type="checkbox"/> Other: _____		TYPE OF RESOURCE/SUPPORT <input type="checkbox"/> Placement <input type="checkbox"/> Respite <input type="checkbox"/> Visitation <input type="checkbox"/> Correspondence <input type="checkbox"/> Connecting Child with Cultural/Ethnic Heritage <input type="checkbox"/> Other: _____	

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