

License Number
MiSACWIS Provider ID
Action <input type="checkbox"/> Original <input type="checkbox"/> Transfer <input type="checkbox"/> Renewal

**CHILDREN'S FOSTER HOME
LICENSE APPLICATION**
 Michigan Department of Health and Human Services
 Division of Child Welfare Licensing

Name
Address
CPA Number

*See reverse side for instructions and other information.
 (PLEASE PRINT CLEARLY)

Applicant Information

1. Applicant One		Primary Payee? <input type="checkbox"/> Yes <input type="checkbox"/> No		1. Applicant Two		Primary Payee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Birth Date	3. Social Security Number	4. Language 1	5. Language 2	2. Birth Date	3. Social Security Number	4. Language 1	5. Language 2
6. Religion	7. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Hispanic or Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Religion	7. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Hispanic or Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Race <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unable to Determine				9. Race <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unable to Determine			
10. Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Federally Recognized Indian Tribe <input type="checkbox"/> Canada <input type="checkbox"/> Mexico <input type="checkbox"/> Other: _____				10. Citizenship <input type="checkbox"/> USA <input type="checkbox"/> Federally Recognized Indian Tribe <input type="checkbox"/> Canada <input type="checkbox"/> Mexico <input type="checkbox"/> Other: _____			

Foster Home Information

11. Home Type <input type="checkbox"/> Foster Family (1-4) <input type="checkbox"/> Foster Family Group (5-6)			12. Family Structure <input type="checkbox"/> Married Couple <input type="checkbox"/> Two Single Applicants <input type="checkbox"/> Single		
13. Home Name: (Last name, First name) Both people's names must total no more than 30 letters. See Page 2 for Instructions.					
14. P. O. Box, if available		15. Street Address		16. Telephone Number	
17. Supplemental Address (Apt. No., Floor No., or Lot No.)				18. Township	
19. City		20. Zip Code	21. County		22. Zoning Authority <input type="checkbox"/> City/Village <input type="checkbox"/> Township
23. E-mail address				24. Relative Placement <input type="checkbox"/> Yes <input type="checkbox"/> No	25. Date Placed
26. Home Barrier Free <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Private Water <input type="checkbox"/> Yes <input type="checkbox"/> No		28. Private Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No	

Request for License – The Undersigned:

- Hereby applies for a license to provide foster care to children in my home.
- Has read 1973 PA 116 and the appropriate rules for operation a children's foster home and if granted a license will comply with the act, the rules, and terms of the license.
- Is aware of the legal provision that to operate a foster home without a license constitutes a misdemeanor as outlined in Section 15 of 1973 PA 116.
- Gives permission to the Department, and authorized Child Placing Agency, or an approved Government Unit to conduct an investigation to determine compliance with the Act and rules.
- Understands that an investigation will include an inspection of the home and interviews with persons who have information about me.
- Certifies that if I or any member of the household, or any person caring for children, has been convicted of a crime other than a minor traffic violation or has been placed on the Central Registry for child abuse or neglect, such information will be shared with the Department or the Agency.
- Also certifies that the information given with respect to this application and subsequent investigation is true and correct to the best of my ability.

NOTE: WHEN TWO CAREGIVERS ARE IN THE HOME, BOTH MUST SIGN.

29. Applicant One Signature	30. Date	31. Applicant Two Signature	32. Date
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CHILDREN'S FOSTER HOME LICENSE APPLICATION

Michigan Department of Health and Human Services

Division of Child Welfare Licensing

License Number

Agency/Court Name

General Information

1. Applicant One	2. Applicant Two
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3. Date and place of marriage

4. Have you ever applied previously for a license to care for children or adults? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain ▶
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5. Length of time in present home	6. Do you own or rent
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7. Name of substitute caregiver	8. Birthdate of substitute caregiver	9. Telephone Number
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10. Address of person in item 7 (street number and name)	City	State	Zip Code
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11. List all persons currently living in home, including foster parent(s)					
Name	Age	Relationship	Name	Age	Relationship

12. Proposed sleep arrangements, including foster children and foster parent(s)							
Room Number	Room Size	Bed Size	Occupant	Room Number	Room Size	Bed Size	Occupant

13a. Employment Situation – Applicant One's Employer	Hours Per Week	Rate per Hour \$
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b. Applicant Two's Employer	Hours Per Week	Rate per Hour \$
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14. References: Identify three references who are not related to either applicant			
Name 1)	How long have you known this person?	9. Telephone Number	
Address (Street Number and Name)	City	State	Zip Code
Name 2)	How long have you known this person?	9. Telephone Number	
Address (Street Number and Name)	City	State	Zip Code
Name 3)	How long have you known this person?	9. Telephone Number	
Address (Street Number and Name)	City	State	Zip Code

15. Types of Children Desired Number ▶ Age Range ▶ Sex ▶	Would you accept and are you interested in providing care to a child of a racial or ethnic background other than your background? <input type="checkbox"/> Yes <input type="checkbox"/> No
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What additional characteristics of a foster child would you accept? (Specify)

AUTHORITY: Public Act 116 of 1973, as amended COMPLETION: Mandatory PENALTY: No licensure.	The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.
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Instructions – Page 1

Applicant Information (PLEASE PRINT CLEARLY)

Complete the required information for each applicant.

- 1 Name is to be entered as follows: Last Name, First Name and Middle Initial.
- 2 Birth date is to be entered in mm/dd/yyyy format (example: 01/01/1960).
- 4 & 5 Language Codes (primary and secondary language) (Listed below)
- 6 Religion Code (Listed below)
- 8 Check “Y” for yes if the applicant is of Hispanic or Latino origin

Language Codes

A	Arabic	K	Korean
B	Chaldean	L	Filipino
C	Chinese	M	Samoan
D	American Sign	N	Other, non-English
E	English	P	Portuguese
F	French	Q	Dutch
G	German	R	Polish
H	Cambodian	S	Spanish
I	American Indian/Eskimo	T	Laotian
J	Japanese	V	Vietnamese

Religion Codes

BA	Baptist	MO	Mormon
CA	Catholic	MU	Muslim
EP	Episcopalian	NP	No Preference
JE	Jewish	OR	Orthodox
JW	Jehovah’s Witness	OT	Other
LU	Lutheran	PR	Presbyterian
ME	Methodist	SD	Seventh Day Adventist

- 10 Citizenship: An individual may have dual citizenship. If the applicant is a member of federally recognized Indian tribe, complete BCAL form 120A, North American Tribal Affiliation Verification. If both applicants are tribal members, complete BCAL-120A on each person.

Foster Home Information

Complete the required information regarding the location of the home.

- 11 Indicate the type of home license being requested (1-4 children or 5-6 children)
- 12 Indicate the family structure.
- 13 Home Name is limited to 30 characters. If the first and last names together exceed 30 characters, use initials for applicants’ first names.

When there are two applicants, the names must be entered in a specific order.

- If the applicants are male and female, applicant one is the male.
- If the applicants are the same sex, list in alphabetical order by last name.
- Separate all names with the word “**and**.”

Examples:

**Williams J and Williams R
Jones John and Jones Sally
Allen Jane and Jones Sally**

- 17 Supplemental address means Apartment number and/or Floor number, or Lot number, or Suite number.
- 22 Indicate if local zoning matters are handled at the city/village or township level.
- 24 Are you caring for a relative.
- 25 If child is currently in home, date child placed in home.
- 27 Indicate if home can accommodate a person in a wheelchair.
- 29-32 When two caregivers are in the home, both must sign and date the application.

Instructions – Page 2

General Information – Complete all requested information.