

RELATIVE SEARCH INFORMATION

Michigan Department of Human Services

Name of relative Completing Form:
Child's Name:

**PLEASE PROVIDE NAMES AND ADDRESSES OF OTHER RELATIVES
WHO MAY HAVE AN INTEREST IN BEING A RESOURCE.**

1. Relative Information

Relationship to Child				<input type="checkbox"/> Maternal	<input type="checkbox"/> Paternal
Name:	American Indian <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes Tribe:			
Street:					
City:	State:	Zip Code	Country:		
Home Phone ()	Work Phone ()				

2. Relative Information

Relationship to Child				<input type="checkbox"/> Maternal	<input type="checkbox"/> Paternal
Name:	American Indian <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes Tribe:			
Street:					
City:	State:	Zip Code	Country:		
Home Phone ()	Work Phone ()				

3. Relative Information

Relationship to Child				<input type="checkbox"/> Maternal	<input type="checkbox"/> Paternal
Name:	American Indian <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes Tribe:			
Street:					
City:	State:	Zip Code	Country:		
Home Phone ()	Work Phone ()				

4. Relative Information

Relationship to Child				<input type="checkbox"/> Maternal	<input type="checkbox"/> Paternal
Name:	American Indian <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes Tribe:			
Street:					
City:	State:	Zip Code	Country:		
Home Phone ()	Work Phone ()				

Please return this form to the local office as soon as possible.

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