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| CHILD CARE LICENSING INFORMATION REQUEST |
| STATE OF MICHIGAN |
| Department of Licensing and Regulatory AffairsChild Care Licensing Bureau |
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| The purpose of this form is to collect identifying information on specific individuals associated with the child 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: Applicant, Licensee, Licensee Designee, Program Director, and/or Adult Household Member.
* This form shall not be completed for Child Care Staff or Volunteers.
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|  MAIL COMPLETED FORM TO:  Michigan Department of Licensing and Regulatory Affairs Child Care Licensing Bureau P O Box 30664 Lansing, MI 48909  Licensing Consultant (if known):       |
| LICENSEE/APPLICANT NAME | County | LICENSE NUMBER (If assigned) |
|       |       |       |
| LICENSE/APPLICATION TYPE **(check only one box)**: |
| [ ]  | Family/Group Child Care Home **-OR-** | [ ]  | Child Care Center |
| THE PERSON BEING CLEARED IS **(check only one box)**: |  |  |  |
| [ ]  | Applicant/Licensee  | **[ ]**  | Licensee Designee (Centers Only)  | [ ]  | Program Director |
| [ ]  | Adult Member of Household: Specific relationship to applicant/licensee/registrant:       |
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| NAME OF PERSON BEING CLEARED (Last, First, Middle Jr., II, etc.) | GENDER | BIRTH DATE | SOCIAL SECURITY NUMBER |
|       |       |       |     🗕    🗕      |
| MARITAL STATUS  | [ ]  Divorced [ ]  Widowed | ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Names) |
| [ ]  Single [ ]  Married  |  |       |
| 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? |
|  |       |
| SIGNATURE | DATE |
|  |  |
| (Licensing Use Only) |
| SECRETARY OF STATE DISCREPANCY [ ]  NO [ ]  YES | INITIALS/DATE | PREVIOUS REGISTRATION/LICENSE[ ]  NO [ ]  YES [ ]  CLOSED  | INITIALS/DATE |
| INDIVIDUAL ON CENTRAL REGISTRY (If Applicable) [ ]  NO [ ]  YES [ ]  N/A | INITIALS/DATE | REGISTRATION/LICENSE NUMBER | ADVERSE ACTION? [ ] Yes [ ]  NO |