 **Only use arrow down/up keys to navigate. Do not use tab key.**

**CWL-1787-A, Foster Care, Adoption & Guardianship**

Michigan Department of Health and Human Services (MDHHS)

Division of Child Welfare Licensing (DCWL)

(Revised 4-25)

1. Name and Address of the Health Inspection Agency

|  |
| --- |
| ENTER ADDRESSEE NAMEENTER ADDRESSEE CARE OFENTER ADDRESSEE PO BOX OR STREET ENTER ADDRESSEE CITY/STATE/ZIP |

|  |  |
| --- | --- |
|  | Fold mark ALL SPACING ABOVE FOLD LINE IS STATIC AND CANNOT BE MANIPULATED |

|  |
| --- |
|  |

**section 1**

|  |  |  |
| --- | --- | --- |
| 2. Licensing Number | 3. Expiration Date | 4. Status of License |

|  |  |
| --- | --- |
| 5. Date Completed Inspection is Requested by | Health Department Phone Number |

**section 2**

|  |
| --- |
| 6. Facility type |

|  |  |  |
| --- | --- | --- |
| [ ]  Children's Foster Family Home (1-4)[ ]  Children's Foster Family Group Home (5-6) |  | Proposed/Current Capacity |

|  |
| --- |
| 7. Reason for Inspection |

|  |  |  |
| --- | --- | --- |
| [ ]  Relocation[ ]  Reinspection | [ ]  Renewal Inspection[ ]  Complaint/Other (Specify in No 8) | [ ]  New Application |

|  |
| --- |
| 8. Inspection Request |

|  |
| --- |
| [ ]  Family or Group Foster Home – Private Water Supply – Use CWL-1788 |

|  |
| --- |
| [ ]  Family or Group Foster Home – Private Sewage Disposal System – Use CWL-1788 |

|  |
| --- |
| Compliance Requirements:Private water supply and/or private sewage disposal systems must meet the requirements of the local or state health department. |

|  |
| --- |
| Comments |

|  |
| --- |
| 9. Return Completed Inspection Report to |

|  |  |
| --- | --- |
| Name of Child Placing Agency | Licensing Worker/Supervisor Name |

|  |  |  |  |
| --- | --- | --- | --- |
| Address of Licensing Worker/Supervisor | City | State | Zip Code |

|  |  |
| --- | --- |
| Email of Licensing Worker/Supervisor | Telephone Number |

|  |
| --- |
| 10. Name of Foster Home |

|  |  |  |  |
| --- | --- | --- | --- |
| 11. Address of Foster Home (Number, Street) | City | State | Zip Code |

|  |  |  |
| --- | --- | --- |
| 12. Township | 13. County | **14. Telephone Number** |

|  |  |
| --- | --- |
| 15. Alternate Telephone Number | 16. Date of Last Environmental Health Inspection |

**section 3**

|  |
| --- |
| 17. The Michigan Department of Health and Human Services authorizes the health inspection agency listed in Item 5 to perform the inspection requested in Item 8 for the facility listed in Item 10. Upon the Department’s receipt of a properly completed inspection report, payment will be processed by the Department to the health inspection agency in accordance with the fee schedule established by the health inspection agency and agreed to by the Department as of the date of this inspection request. |

|  |  |
| --- | --- |
| Signature of Licensing Worker/Supervisor→ | Date |

**section 4 – To be completed by health inspection agency**

Email billing to: mdhhs-environmentalbillingdcwl@michigan.gov

|  |  |
| --- | --- |
| 18. Inspection Fee Amount | Numeric portion of street address |

|  |  |
| --- | --- |
| SIGMA Vendor/Customer Number**CV00** | Date of Inspection (MM/DD/YY) |

|  |  |
| --- | --- |
| Signature of Health Department Representative→ | Date |

**(Do not type beyond this point)**

|  |
| --- |
| The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy. |
| **AUTHORITY:** 1973 PA 116 **COMPLETION:** Required **NON-COMPLETION:** No license will be issued |

**End of form**