

CHILD CARE LICENSING INFORMATION REQUEST STATE OF MICHIGAN

Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

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.

MAIL COMPLETED FORM TO:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
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): <input type="checkbox"/> Family/Group Child Care Home -OR- <input type="checkbox"/> Child Care Center		
THE PERSON BEING CLEARED IS (CHECK ONLY ONE BOX): <input type="checkbox"/> Applicant/Licensee <input type="checkbox"/> Licensee Designee (Centers Only) <input type="checkbox"/> Program Director <input type="checkbox"/> Adult Member of Household: Specific relationship to applicant/licensee/registrant:		

NAME OF PERSON BEING CLEARED (Last, First, Middle Jr., II, etc.)				GENDER	BIRTH DATE	SOCIAL SECURITY NUMBER ○ ○	
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Names)				
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 <input type="checkbox"/> NO <input type="checkbox"/> YES	INITIALS/DATE	PREVIOUS REGISTRATION/LICENSE <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> CLOSED	INITIALS/DATE
INDIVIDUAL ON CENTRAL REGISTRY (If Applicable) <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A	INITIALS/DATE	REGISTRATION/LICENSE NUMBER	ADVERSE ACTION? <input type="checkbox"/> Yes <input type="checkbox"/> NO