

<b>CAMP PROGRAM LICENSE APPLICATION</b> Michigan Department of Licensing and Regulatory Affairs Bureau of Community and Health Systems		<b>FOR CASHIER USE ONLY- Cashier code: 100401</b> Paid Amt: Cashier:	
<b>SECTION 1- CAMP PROGRAM INFORMATION</b>			
1. Camp PROGRAM Name		2. Application Type <input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Update	3. PROGRAM License Number (CR, CD, CT, CV, AC)
4. Camp Type <input type="checkbox"/> Residential <input type="checkbox"/> Day <input type="checkbox"/> Travel <input type="checkbox"/> Troop <input type="checkbox"/> AFC		5. Camp SITE Name	6. Camp SITE License Number (SR or SD)
7. Camp SITE Address		8. City	9. State MI
11. County		12. Name of Camp Director or Chief Administrator with Day-to-Day Responsibilities for PROGRAM	13. Date of Birth
14. Phone Number	15. E-mail Address	Camp Director or Chief Administrator <b>must</b> have a comprehensive background clearance and Livescan Fingerprint submitted with this application or on-file with the camp licensing division.	

<b>SECTION II- APPLICANT/LICENSEE ORGANIZATION INFORMATION</b>			
16. Applicant/Licensee Organization Name		17. Federal Tax ID Number	18. Is camp PROGRAM Accredited? (R 400.11102) <input type="checkbox"/> Yes <input type="checkbox"/> No
19. Street Address		20. City	21. State
23. Phone Number		24. Fax Number	22. Zip Code
26. Licensee/Licensee Designee Name [MCL 722.111(1) (r),(ee)]		This person <b>must</b> have a comprehensive background clearance and Livescan Fingerprint submitted with this application or on-file with camp licensing division. [MCL 722.115c]	
27. Licensee/Licensee Designee E-mail Address		28. Licensee/Licensee Designee Title	25. Web Address
			29. Licensee/Licensee Designee Phone Number

<b>SECTION III- PROGRAM TERMS</b>			
30. Maximum Camper Capacity Requested (not to include staff)		31. Age Range of Campers From _____ To _____	
32. Does the entire PROGRAM group travel or take trips away from the main campsite listed in box 5 above? or is it a travel (CV) or Troop (CT) Camp? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If Yes, an itinerary must be attached to this form or the status of the license may be affected.</b>	
33. Attach sample daily schedule for camp PROGRAM.			
34. Camp PROGRAM dates operating 5 or more days in a 14-day period. If more than 12 operational dates, attach operational schedule.			
Start Date:	Start Time:	End Date:	End Time:

<b>SECTION IV- ATTESTATION OF UNDERSTANDING</b>			
35. Check all that apply			
<input type="checkbox"/> I have read and agree to comply with the Child Care Organizations Act 116 of 1973 and administrative rules regulating the operation of a camp.		<input type="checkbox"/> I have read and agree to comply with the Adult Foster Care Act 218 of 1979 and camp administrative rules regulating the operation of a adult foster care camp. (if applicable).	
<input type="checkbox"/> I understand the background check requirements for licensee designee, administrator, program director, and staff. In addition, I understand my responsibility to assess good moral character found in Act 380 of 1965.		<input type="checkbox"/> I certify that all information contained on this document is true and correct.	
36. Licensee/Licensee Designee Signature (Box 26)		37. Title	38. Date

<b>MAIL COMPLETED FORM TO:</b> Bureau of Community and Health Systems Adult Foster Care and Camps Division P.O. Box 30664 Lansing, MI 48909	
LARA IS AN EQUAL OPPORTUNITY EMPLOYER/PROGRAM.	AUTHORITY: PA 116 of 1973 and PA 218 of 1979

## PROGRAM Application Instructions

Directions: Below are the instructions for the completion of the Camp PROGRAM License Application. Note: This application is completed by the applicant for a camp PROGRAM license or individuals who are the licensee or licensee designee. Those completing the application must have a completed comprehensive background check with livescan fingerprint submitted with the application or on-file with the department.

### SECTION I- CAMP PROGRAM INFORMATION

- Box 1. **Camp PROGRAM Name:** The Camp PROGRAM Name is the official name of the Camp PROGRAM license. This license is associated with a specific Licensee Organization (see SECTION II) at a specific address of operation. If renewing the license, ensure the Camp PROGRAM Name is consistent with the name listed on the license. If requesting a Camp PROGRAM Name change, submit letter requesting name change on official organization letter head and signed by Representative with the application.
- Box 2. **Application Type:** Check the purpose of the application that is being submitted. **Original** license applications are required for new camp PROGRAMS or Camp PROGRAMS that are moving locations. **Renewal** applications are required for those licenses expiring in the current calendar year and are renewing the license. **Update** applications are required when changes to the license are requested, or information has changed since submitting the prior application (i.e. dates of operation). (R 400.11147)
- Box 3. **PROGRAM License #:** A PROGRAM License number is the assigned license number by the department. Original PROGRAM applications will not have a license number assigned until the application is submitted and enrolled. PROGRAM License prefixes are CR, CD, CT, CV, AC.
- Box 4. **Camp Type:** The camp types are defined in the Licensing Rules for Children's and Adult Foster Care Camps. PA 116 of 1973 and PA 218 of 1979. A quick reference to the camp type definitions is located on the camp licensing webpage under "apply to operate a camp". Check the camp type you are operating.
- Box 5. **Camp SITE Name:** All Residential, Day, and AFC camp PROGRAMS need to operate at a licensed camp SITE. All Camp PROGRAM's moving to a new camp SITE need to submit an "Original license" application and their previous license will be closed. **Note:** Travel and Troop Camps defined in administrative rules are not stationed at a particular camp SITE and should leave this field blank.
- Box 6. **Camp SITE License Number:** Enter the license number of the Residential or Day camp SITE. The number starts with the prefix (SR or SD).
- Box 7. **Camp SITE Address:** Enter the address of the camp SITE facility where the camp PROGRAM will be operating. **Note:** Travel and Troop Camps defined in administrative rules are not stationed at a particular camp SITE. Leave boxes 6-10 blank and skip to Box 12.
- Box 8. **City:** Enter the name of the city where the camp SITE is located.
- Box 9. **State:** All camp SITES regulated by the Department of Licensing and Regulatory Affairs are in Michigan.
- Box 10. **Zip Code:** Enter the zip code where the camp SITE is located.
- Box 11. **County:** The county where the Camp SITE is located.
- Box 12. **Name of Camp Director or Chief Administrator with Day-to-Day Responsibilities for PROGRAM:** This is the person responsible for the day-to-day operation of the camp PROGRAM.
- Box 13. **Date of Birth:** Enter the date of birth of the Camp Director or Chief Administrator which verifies that the individual meets rule 400.11109(2) requiring the camp director is not less than 21 years of age.
- Box 14. **Phone Number:** Enter the phone number of the Camp Director or Chief Administrator with Day-to-Day Responsibilities for the PROGRAM.
- Box 15. **E-mail Address:** Enter the E-mail address of the Camp Director or Chief Administrator with Day-to-Day Responsibilities for the PROGRAM.

### SECTION II- APPLICANT/LICENSEE ORGANIZATION INFORMATION

- Box 16. **Applicant/Licensee Organization Name:** Enter the name of the organization that is recognized as the Applicant or Licensee for the license. This is the official governmental or non-governmental organization having as its principal function receiving adults in foster care or minor children for care, maintenance, training, and supervision. For further definition see PA 218 of 1979 or PA 116 of 1973.
- Box 17. **Federal Tax ID #:** Enter the Federal Tax ID # for the applicant/licensee organization.
- Box 18. **Is the Camp PROGRAM Accredited?:** Check box Yes or No. Some camps choose to become accredited in an effort to operate with practices that exceed state minimum standards. Camp national accrediting standards represent best practices for those camps that voluntarily seek accreditation. Deeded Status can be requested [R400.11102].
- Box 19. **Street Address:** Enter the Applicant/Licensee Organization street address. This address will be the addressed used for mailing official correspondence and licenses. If a different address is requested, please include with the application on official camp letterhead a letter stating the other address and signed by the representative.
- Box 20. **City:** Enter the City of Applicant/Licensee Organization.
- Box 21. **State:** Enter the State of Applicant/Licensee Organization.
- Box 22. **Zip Code:** Enter the zip code of Applicant/Licensee Organization.
- Box 23. **Phone Number:** Enter contact phone number of Applicant/Licensee Organization.
- Box 24. **Fax Number:** Enter fax number of Applicant/Licensee Organization.
- Box 25. **Web Address:** Enter web address of Applicant/Licensee Organization.
- Box 26. **Licensee/Licensee Designee Name [MCL 722.111(1)(ee)]:** The name of the person who meets the definition of a licensee/licensee designee or is applying for a license. This person is the legal representative who is responsible for the license.
- Box 27. **Licensee/Licensee Designee E-mail Address:** Enter the E-mail address for the Licensee/Licensee Designee.
- Box 28. **Licensee/Licensee Designee Title:** Enter the title of the Licensee/Licensee Designee.
- Box 29. **Licensee/Licensee Designee Phone Number:** Enter the phone number of the Licensee/Licensee Designee.

### SECTION III-PROGRAM TERMS

- Box 30. **Maximum Camp Capacity Requested (not to include staff):** Enter the camper capacity requested by the camp PROGRAM. Camper capacity for day, residential, and AFC camp PROGRAMS are determined by the camp SITE's capacity. Residential camp SITES capacity is determined through approved qualified fire safety inspections and Environmental Health Inspections. Day camp SITES capacity is determined by the available approved outside space, inside space, and toilet facilities. Camp PROGRAMS maximum camp capacity is subject to the limitations of capacity determined by the Camp SITE. If seeking a change of capacity contact the lead camp consultant.
- Box 31. **Age Range of Campers:** Enter the age range of campers the PROGRAM intends to serve. A camper is defined in R 400.11101 as a minor child who receives care and supervision, and an adult who is aged, emotionally disturbed, developmentally disabled, or physically handicapped and who requires supervision on an ongoing basis. Children's camp PROGRAMS (Day, Residential, Troop, and Travel) include campers under the age of 18 years old. Adult Foster Care Camp PROGRAMS (AFC camps) include campers over the age of 18 years of age that receive foster care. A camp PROGRAM that serves both campers under the age of 18 years and adults who receive foster care must consider the need for concurrent licensing for the children's camp and AFC camp.
- Box 32. **Does the entire PROGRAM group travel or take trips away from the main campsite listed in box 5 above? or is a Travel (CV) or Troop (CT) Camp?** Check Yes or NO. Residential, Day, and AFC groups within camps may take field trips or travel away from the camp SITE for portions of the program. If they leave the site for travel or trips away from camp, then an itinerary must be attached to the application (R 400.11145). Travel (CV) and Troop (CT) camps are not stationed at a camp SITE. These camps are required to have a travel plan that includes an itinerary and pre-established check-in times with a designated home base person (R 400.11146).
- Box 33. **Attach sample daily schedule for camp PROGRAM.** Attach a sample daily schedule with the application. A children's camp operates in the natural environment/out of door setting at least 51% of the time. A children's camp PROGRAM daily schedule must reflect the requirement of amount of time operating in the out-of-doors.
- Box 34. **Camp PROGRAM dates operating 5 or more days in a 14-day period. If more than 12 operational dates, attach operational schedule:** List the start date/times and end date/times for each session that meets applicability. Attach additional operational schedules for all applicable camp PROGRAM dates.

### SECTION IV- ATTESTATION OF UNDERSTANDING

- Box 35. **Check all that apply:** Check each box for attestation of understanding. This verifies that the applicant/licensee/designee understands the statutes, administrative rules, requirements for background checks, and high adventure requirements for Carnival-Amusement Safety act 225 of 1966. Also, that all information contained on this document is true and correct.
- Box 36. **Licensee/Licensee Designee Signature (Box 26):** The signature of the person who meets the definition of a licensee/licensee designee or is applying for a license. This person is the legal representative responsible for the license.
- Box 37. **Title:** Title of the Licensee/Licensee Designee.
- Box 38. **Date:** Date of signature of application. Date: MM/DD/YYYY