This is an image of an up and down arrow key.  **Only use arrow down/up keys to navigate. Do not use tab key.**

**CWL-4627, Add an Adult Household Member Addendum**

Michigan Department of Health and Human Services (MDHHS)

Division of Child Welfare Licensing (DCWL)

(New 5-25)

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**section 1**

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| Provider Name | License Number |

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| Terms of license (capacity and age range) |

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| Number of Adult household members being added |

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| Relation to Application |

**SECTION 2 – CLEARANCES**

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| Verification of review of DCWL Central Record Clearances |
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| **Is name on** Public Sex Offender Registry (PSOR)? | **Yes  No** |

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| If yes, explain |

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| Central Registry/Child Protective Services (CPS) history | **Yes  No** |

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| If yes, explain |

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| Result of ICHAT check |
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| If there are any criminal convictions, explain |
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| **Is an ART report needed?** | **Yes  No** |

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| **Has AHHM resided out of state in the past five years?** | **Yes  No** |

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| If yes, list state(s) resided in, and date Adam Walsh checks were completed (results must be uploaded). |

**section 3 – social history**

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| Family of origin description, including Number of siblings, parents’ roles, personalities, expectations, parenting involvement, discipline styles, family celebrations, values. |

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| Parents’ substance uses and how it affected the family, lasting impact on individual. |

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| Previous incidents of domestic violence, elder abuse, or child abuse, either as a perpetrator or victim. |

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| How family dealt with any abuse/victimization, continuing impact on individual. Is perpetrator still involved in the family dynamics (if applicable)? |

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| The willingness to provide substitute care, if appropriate, or be involved with the foster/adopted children who may be placed in the home. |

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| Their opinion of the applicant’s parenting skills and desire to foster/adopt children. |

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**SECTION 4 – HEALTH**

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| **Is Medical Statement available?** | **Yes  No** |

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| If No, per Rule 9206, c, iii a medical statement must be provided within 90 days): outline family’s plan to complete within 90 days. |

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| Medical Conditions |
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| Mental Health Diagnosis or Substance Abuse Issues |
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| Prescribed Medications |
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| Any special care considerations? |
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**SECTION 5 – HOUSEHOLD SLEEPING ARRANGEMENTS**

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| Household Sleeping Arrangements |
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**section 6 – signatures**

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| Licensing Worker Signature  → | Date |
| Licensing Supervisor Signature  → | Date |

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

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| 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. |

**End of form**