MiLEAP Michigan Department of Lifelong Education, Advancement, and Potential | Child Development and Care

License Exempt Provider Application

Child Development and Care (CDC)

What type of provider is this application for?

This application is for individuals who are applying to be enrolled by the State of Michigan as either a *License Exempt-Related* or *License Exempt-Unrelated* child care provider.

License Exempt-Related	License Exempt-Unrelated

• Provider is related to the child by blood or marriage as a:
  ○ Sibling (not living with the child)
  ○ Aunt or Great Aunt
  ○ Uncle or Great Uncle
  ○ Grandparent or Great Grandparent
• Provider and all household members **(**people 18 years or older who live with the provider**)** must pass a criminal history background check.
• Provider must complete a one-time License Exempt Provider Preservice Training (LEPPT) formerly known as Great Start to Quality Orientation (GSQO).
• Provider must complete Michigan Ongoing Health & Safety Training Refresher prior to enrollment; if previously been enrolled as a License Exempt Provider and completed LEPPT.
	• Provider is not related to the child (as listed for related).
	• Provider must provide care in the child's home.
	• Provider must pass a comprehensive background check that includes an FBI fingerprint. The provider is responsible for the cost of the background check.
	• Provider must participate in an annual health and safety visit.
	• Provider must complete a one-time License Exempt Provider Preservice Training (LEPPT) formerly known as Great Start to Quality Orientation (GSQO).
	• Provider must complete Michigan Ongoing Health & Safety Training Refresher prior to enrollment; if previously been enrolled as a License Exempt Provider and completed LEPPT.

How do I apply?

Complete the application and submit to:

Mail: Child Development and Care Program
Provider Enrollment
P.O. Box 30267
Lansing, MI 48909
Fax: 517-284-7529
Email: MiLEAP-ApplyProvider@michigan.gov

By choosing to email application, you accept the risks that unencrypted messages and any attachments can be intercepted, read, and copied by persons other than the intended recipient.

Verifications:

The Department will verbally ask that you provide your Date of Birth, Driver's License/State Identification, address and Social Security Number during the enrollment process/interview. Should we need further documentation, we will ask that you submit verification of your date of birth, address, identity and/or your social security number.

License Exempt Provider Enrollment Process

Step 1: Application: Submit completed application. Note: Failure to provide a complete application will result in a denial.

Step 2: Complete Training:
It is recommended that you register and complete the training while you wait for your Eligibility Interview. To register for this training, visit www.miregistry.org or call 877-614-7328 or contact the resource center in your area.

- **New applicants**: Preservice Training: Training must be completed within 30 days of providing care to be eligible for payment. All license exempt-related and unrelated child care providers are required to take a one-time License Exempt Provider Preservice Training (LEPPT), formerly known as Great Start to Quality Orientation (GSQO).
- **Previously enrolled license exempt providers**: If you have taken GSQO or LEPPT, you will need to complete the Michigan Ongoing Health & Safety Training Refresher before we can complete the enrollment process. Failing to complete this training by the time of an eligibility decision will result in a denial of your application.

Step 3: Eligibility Interview:

- The CDC office will contact you for a mandatory phone interview at the phone number listed on the application. Please be sure to have your driver's license/ state identification number, date of birth and social security number ready to verify with CDC staff during the call for yourself and adult household members if you are applying to be a License Exempt- Related provider. It is important that your voicemail is set up, is not full, and that you regularly check your messages in case we've tried to reach you. Interviews typically happen within 30-60 days after receipt of the application. Caller ID will show an "outgoing line" that cannot be called back please listen to your voicemail for a detailed message that includes a contact number. If we are not able to reach you by phone and our call is not returned your application will be denied.

Step 4: Background Check Process: Applicant and household member information for background checks will be completed in the following manner:

• **License Exempt-Related applicants**: Background checks will be done on the applicant and all adult household members using Internet Criminal History Access Tool (ICHAT), Public Sex Offender Registry (PSOR), Offender Information Tracking System (OTIS), and the Child Abuse and Neglect Central Registry.
• **License Exempt-Unrelated applicants**: Background checks will be done on the applicant using Internet Criminal History Access Tool (ICHAT), Public Sex Offender Registry (PSOR), Offender Information Tracking System (OTIS), and the Child Abuse and Neglect Central Registry. In addition to the checks mentioned above, License Exempt-Unrelated applicants will also need a comprehensive FBI fingerprint check. We will contact you by phone and/or email with fingerprint instructions.

Step 5: Eligibility Decision: You will receive the Eligibility Decision Notice in the mail, which will include your provider ID number. Enrollment is not complete until an eligibility decision is made.

- **Approved Provider:** Approved providers will receive an email with additional information on next steps along with approval notice in the mail with Provider ID. Once all eligibility criteria have been met, including the LEPPT training, a child care provider may be eligible to bill retroactively (back-bill) for care provided up to 30 calendar days before he or she completed the training. A provider is not eligible for payment prior to the provider's application date.
- **Denial of a License Exempt Related/Unrelated Provider Application Due to Background Check:** If your License Exempt provider application is denied due to the background check you will be notified by mail of the denial and if the match is due to criminal conviction or pending charge and you are eligible for an Administrative Review, instructions will be included.
- **Denial of a License Exempt Unrelated Provider Application Due to Fingerprint Check**: If your License Exempt-Unrelated provider application is denied due to the results of the fingerprint check and you believe that the results are in error, you may file a redetermination request with the Child Care Background Check (CCBC) program.

MiLEAP Michigan Department of Lifelong Education, Advancement, and Potential | Child Development and Care

License Exempt Provider Application

Child Development and Care (CDC)

SECTION A: Provider Information (License Exempt-Related/Unrelated)

Instructions: Provider, use this section to tell us about yourself:

What type of child care provider are you applying to be?

☐ I am applying to become a License Exempt-Related provider **(Only complete sections A, B, C and D.)**

☐ I am applying to become a License Exempt-Unrelated provider **(Only complete section A, B and E.)**

List your first name, middle name and last name as it appears on the current ID you are submitting.

First Name	Middle Name	Last Name	Gender

Do you have a former name, maiden name or previous name (Alias)? ☐ No ☐ Yes

If Yes, list all previous names here:

Email Address

Address where provider lives (Number, Street, Apt. Number)	City	State MI	Zip Code	County
P.O. Box (only complete if you are using a P.O. Box for mail)	City	State MI	Zip Code	County

Telephone Number (required)	Provider ID Number (if known)

Have you ever had a provider license or registration to provide care closed, suspended, or revoked?

☐ No ☐Yes If Yes, please explain by which agency or department and why:

Do you receive MDHHS payment for providing Adult Home Help Services? **Note: Adult home help services cannot be provided during the same hours you are providing child care.**

☐ No ☐ Yes If Yes, list the person(s) you care for:

I will be caring for a child(ren) who are currently placed in **foster care**? ☐ Yes ☐ No

Address Where Foster Child Resides:

What is your relationship to the child(ren)? **Must be related by blood or marriage**

☐ Sibling (Not living with the child) ☐ Aunt or Great Aunt

☐ Uncle or Great Uncle ☐ Grandparent or Great Grandparent

☐ **I am unrelated –**

☐ Cousin

*Care must be provided in the child's home

Have you lived outside of Michigan within the last 5 years?

☐ No ☐ Yes If Yes, please list your out of state address(es) in the area below.

(Number and Street, Apt. Number)	City	State	Zip Code	County
(Number and Street, Apt. Number)	City	State	Zip Code	County

SECTION B PART 1: Requirements and Signature

I certify that I meet the following requirements to be a CDC related and/or unrelated provider, and I understand the following:

1. I am at least 18 years of age.
2. Neither I, nor any adult in my household (License Exempt-Related only), have been found responsible for the neglect or abuse of children by Children's Protective Services (CPS) or been charged/convicted of crimes associated with money, abuse, or related to health and safety.
3. I do not have any physical, emotional, or other barriers that would prevent me from giving adequate care and supervision to children in my care.
4. I know how and when to seek help from others, such as how to use the telephone and how to respond to emergency situations that might arise while children are in my care.
5. I have not had any license or registration involuntarily closed, revoked or suspended by the Child Care Licensing Bureau (CCLB), the Michigan Department of Licensing and Regulatory Affairs (LARA), Michigan Department of Lifelong Education, Advancement, Potential, or the Michigan Department of Health and Human Services (MDHHS).
6. I have no other jobs or other obligations that conflict or interfere with the hours that I provide child care.
7. As a License Exempt Related provider I am related to the child/ren in care as an aunt/uncle (great), grandparent (great) or sibling that lives at another residence. This relationship is by blood or marriage.

I HAVE READ AND UNDERSTAND THESE REQUIREMENTS.

Applicant Signature (required)	Date of signature
Make a copy of the rights and acknowledgements and keep the copy for your records.	

SECTION B PART 2: Acknowledgements

I certify that I understand as a license exempt provider the following:

1. I have read the **CDC Handbook** Child Development and Care (CDC) Handbook (michigan.gov) and will review at a minimum quarterly following the January 1, April 1, July 1 and October 1 updates.
2. I understand the requirements of my provider enrollment may be changed without advanced notice.
3. I understand that I am not employed by the State of Michigan or the CDC program, and I am not eligible for employee-related benefits, such as Worker's Compensation, healthcare, or Unemployment Insurance.
4. I understand receiving payment from the State of Michigan CDC program that I am either self-employed or employed by the parent. I (or the parent) am responsible for reporting my earnings to Federal, State, and local tax authorities in accordance with IRS rules. For IRS information, visit www.irs.gov.
5. I understand I will not receive CDC payments for any care provided for children before my application date, background checks requirements are met or more than 30 days before I complete the License Exempt Provider Preservice Training.
6. I understand that once I am approved a completed DHS-4025 (Child Development And Care (CDC) Provider Verification (michigan.gov) must be submitted by the parent to MDHHS to authorize me as a provider to be eligible to bill.
7. I understand I can only bill and receive CDC payment for care provided in Michigan and the location of care for my license exempt provider type:
    a. License Exempt-Unrelated – Care must be in the child's own home.
    b. License Exempt – Related - Care can be in my own home or the child's home.
8. I understand I must not care for more than six (6) children at the same time.
    a. I understand I must not care for more than two (2) children under 12 months of age at the same time.
9. I understand I must only release a child to the parent/substitute parent, or persons authorized by the parent/substitute parent.

10. I understand I must give the parents/substitute parents of the children in my care unlimited access to their children while they are in my care.
11. I understand that I must only bill CDC Scholarship when a child is physically in my care (except for child absences on a day when the child would normally be in my care).
12. I understand that the maximum hours authorized that I could bill in a two-week pay period is 2,016 hours for all children.
13. I understand I must complete and have parent certify CDC Daily Time and Attendance Records when providing care and keep records on file for four (4) years.
14. I understand I must provide my CDC Daily Time and Attendance Records, and any other requested information, when asked by the State of Michigan.
15. I understand I may be prosecuted for fraud if my intentional misrepresentation causes an overpayment.
16. I understand that I must follow all billing rules/requirements for CDC Scholarship as outlined in this acknowledgement and additional rules in Child Development and Care (CDC) Handbook (michigan.gov)
17. I understand if I violate any of the CDC program rules, I may be removed from the CDC program for six (6) months, twelve (12) months, or a lifetime.
18. I understand that as a provider I must complete orientation training (LEPPT formerly known as GSQO) to receive CDC payments. Once I am enrolled and begin care I will not be eligible to receive payment more than 30 days prior to completion of training.
19. I understand that to remain enrolled as a provider I must complete the annual Michigan Ongoing Health & Safety Training Refresher by December 16th each year.
20. I understand I must immediately report suspected child abuse or neglect to MDHHS Central Intake at 855-444-3911.
21. I understand that as a License Exempt-Related applicant/provider I am consenting to required background checks for myself and adult household members during application and enrollment.
22. I understand that as a License Exempt – Unrelated provider I must complete fingerprint-based FBI Background Check. As the provider, I am responsible for the cost of this background check.
23. I understand as a license exempt provider I am required to follow License Exempt Provider Health and Safety Standards when providing care. These standards will be reviewed in the Health and Safety Visit for license exempt-unrelated providers. Failing to meet standards may result in a Corrective Action Plan or provider closure.
24. I understand as a License Exempt Unrelated provider that I will need to have health and safety visits conducted using the *Standards and Annual Health & Safety Checklist* and Corrective Action Plans, if applicable. These reports will be posted on License Exempt Provider Search - Great Start to Quality for a minimum of three years. This information is only accessible using the Provider ID.
25. I understand I must report changes in my name, address, household members, or telephone number within 10 calendar days to the Child Development and Care office at 866-990-3227. Failure to report changes and submit requested verification may result closure of my enrollment.
26. I understand by choosing to email documentation, you accept the risks that unencrypted messages and any attachments can be intercepted, read, and copied by persons other than the intended recipient.

By signing this, I am agreeing to all terms on this application and those in the Child Development and Care Handbook found at www.michigan.gov/childcare.
I am also indicating that the information I have provided is true and accurate to the best of my knowledge.

SIGNATURE: I HAVE READ AND UNDERSTAND ALL SECTIONS OF THIS DOCUMENT.

Applicant Signature (Required)	Date of signature
Make a copy of the rights and acknowledgements and keep the copy for your records.	

License Exempt – Unrelated Provider skip to Section E (page 7)

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SECTION C: Household Member Information If Applying for License Exempt- Related

Household members are defined by any adult 18 years or older that has a current address at this residence or stays in the home on a regular ongoing basis.

Instructions: In the section below, list all adults (people 18 years of age or older) who live with you.			
Name	Former/Maiden/Alias	Gender	Relationship to You

☐ **I have no adult household members to report.**

SECTION D:

SIGNATURE: I HAVE READ AND UNDERSTAND ALL SECTIONS OF THIS DOCUMENT.

Applicant Signature (required):	Date of signature:
Make a copy of the rights and acknowledgements and keep the copy for your records.	

License Exempt - Related Application Checklist:

- Review application to ensure all sections on pages 3 – 6 are completed and clearly written.
- Mail, Fax or Email all signed and completed documents (pages 3 - 6) (Sections A, B, C and D).

A completed application must include:

☐ Answers to all applicable questions

☐ Signatures.

☐ **Mail:** Child Development and Care Program
P.O. Box 30267
Lansing, MI 48909

Fax: 517-284-7529

Email: MILEAP-ApplyProvider@michigan.gov

** Missing pages or information will result in a delay in processing of your application. Failure to submit a complete application by due date on notice will result in the application being denied

License Exempt – Related Providers Stop Here and Submit!

SECTION E: Consent and Disclosure
License Exempt Provider – Unrelated Only

Part 1 – Consent
Part 2 – Disclosure Statements
Part 3 – Reporting
Part 4 – Individual Rights
Part 5 – Applicant Information
Part 6 - Certification

MICHIGAN CHILD CARE BACKGROUND CHECK CONSENT AND DISCLOSURE

The Child Care Background Check Program is specifically for the comprehensive background check of licensed and license exempt child care providers in the state of Michigan. License Exempt - Unrelated Providers must have a comprehensive background check, including fingerprints:

Refusal to submit to this comprehensive background check will result in being found ineligible to be a license exempt – unrelated provider or hold any of the above roles in a licensed facility within the State of Michigan. Falsifying, omitting, or failing to provide complete information in connection with a comprehensive background check will also result in the individual being found ineligible

Part 1 – Consent

To be considered for enrollment in the CDC program:

a. I consent to and give permission to MiLEAP CDC Office through Child Care Background Check (CCBC), to conduct a background check that includes:

   1) A review of the licensing database of people with previous disciplinary action in a child care center, group child care home, family child care home, or an adult foster care facility.

   2) A search through the national and state sex offender registries.

   3) A search through all state criminal registries for any states where I've lived in the past five years.

   4) A request that the Michigan State Police (MSP) perform a criminal history check.

   5) A search of the child abuse and neglect registry for Michigan and any states where I've lived for the past five years.

b. I understand that refusing the background check or knowingly providing false information in connection with a background check will result in my being found not eligible.

c. I understand that MiLEAP CDC Office will make the final decision as to whether I am enrolled as a license exempt provider. I also understand that MiLEAP may end the background check or decide to not allow me to enroll as a license exempt provider at any stage in the process.

d. I agree to provide all the information necessary to conduct a background check.

Privacy Act Statement:
Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statues pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint- based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

_____ _____
Signature of License Exempt - Unrelated Applicant (Required) **Date**

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Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Procedure to Obtain a Change, Correction, or Update of Identification Records: If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34). To challenge or correct an In State record the subject may contact the Michigan State Police directly at (517) 241-0606 or by email at MSP-CRD-APPLHELP@michigan.gov. He/she should provide their name, method of contact, and reason behind the challenge/correction request. Consent: I understand that my personal information and biometric data being submitted by Live Scan or other method, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.

Part 2-Disclosure Statements (applicant disclosure)

Convictions for certain crimes and/or being listed on certain registries will make an individual ineligible to be an approved license exempt – unrelated provider. For more details on the convictions or registries, located in BEM 705 CRIME CODES (michigan.gov) .

Listed below are all offenses that I have been convicted of and/or a substantiated finding of child abuse and/or neglect. (Attach additional sheets if necessary).

Offense	Date of Conviction/Finding	City	State

☐ I have no prior offenses to report.

I certify that the above statements are correct and complete to the best of my knowledge and that failure to provide accurate information will result in a determination of ineligible.

_____ _____

Signature of License Exempt - Unrelated Applicant (Required) **Date**

License Exempt Provider Application
Child Development and Care (CDC)

Part 3 - Reporting

After a determination of eligible:

a. I understand that Michigan Department of Lifelong Education, Advancement and Potential (MiLEAP) will make the final decision as to whether I am enrolled in the Child Development and Care (CDC) program. I also understand that MiLEAP may end the background check or decide to not allow me to enroll in the CDC program at any stage in the process.

b. I understand that if I am enrolled in the program, I am required to report to CDC within 3 business days after I have been charged or convicted of a crime that is on the crime code list, located in BEM 705 CRIME CODES (michigan.gov) .

I certify that the above statements are correct and complete to the best of my knowledge.

_____ _____

Signature of License Exempt – Unrelated Applicant (Required) **Date**

Part 4- Individual Rights

a. I understand that upon my written request, the department will provide a copy of any disqualifying record information found on any of the relevant registries or databases.

b. I understand that if I believe the results of any disqualifying information found on any relevant registry is inaccurate, it is my responsibility to contact the agency that maintains the registry to correct the registry information.

c. I understand that if I believe the results of the criminal history fingerprint record are inaccurate, or if the conviction contained in the criminal history record is one that may be expunged or set aside, I may file a redetermination request with the Department of Lifelong Education, Advancement, and Potential.

d. As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via **https://www.edo.cjis.gov**. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

_____ _____

Signature of License Exempt - Unrelated Applicant **Date**

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Part 5 – Applicant Information. This information is required to process a complete comprehensive background check. As the comprehensive background check includes name-based searches of registries, you must include all aliases.

Personal Information (Legal Name – As appears on driver's license or ID). All aliases must be listed. Omitting or providing false information below will result in a determination of ineligible.

First _____ Middle _____ Last _____ Suffix _____

Add All First and Last Name Aliases/Maiden _____

Place of Birth (State or Country) _____ Country of Citizenship _____

Height _____ Weight _____ Hair Color _____ Eye Color _____ Gender ☐ Male ☐ Female Race _____

Address

Country _____ Address _____

City _____ State/Province _____ Zip _____ County _____

Phone/E-mail address

Phone Number _____ Email _____

Residency

Did applicant continuously reside in Michigan within the last five years? ☐ **Yes** ☐ **No**

If No, you must enter previous addresses.

Previous address (use additional paper, if applicable)

Date of Residency To _____ From _____

Country _____ Address _____

City _____ State/Province _____ Zip _____ County _____

Previous address

Date of Residency To _____ From _____

Country _____ Address _____

City _____ State/Province _____ Zip _____ County _____

Part 6 Certification

I certify that all of the above statements are correct and complete and that failure to provide correct information may result in being found not eligible.

Applicant's Name (Printed) _____

Applicant's Signature _____ Date _____

THIS FORM MUST BE MAINTAINED BY THE PROVIDER

License Exempt - Unrelated Application Checklist:

- Review application to ensure all required sections (A, B, and E) are completed and clearly written.
- Mail, Fax, or Email signed and completed documents. (Pages 3 – 5 and 7-10) (Sections A, B and E)

A completed application must include:
☐ Answers to all applicable questions
☐ Signatures

☐ **Mail:** Child Development and Care Program
P.O. Box 30267
Lansing, MI 48909
Email: MILEAP-ApplyProvider@michigan.gov
Fax: 517-284-7529

** Missing pages or information will result in a delay in processing of your application. Failure to submit a complete application by due date on notice will result in the application being denied.

** CDC will send you the information for location of fingerprinting following the Eligibility Interview.

License Exempt – Unrelated Providers Stop Here and Submit Application!

Individuals with disabilities may contact the MiLEAP ADA Coordinator to request an alternative format to these materials. Please visit www.michigan.gov/ADA for a list of state ADA Coordinators.