

**LICENSING RECORD CLEARANCE REQUEST
FOSTER HOME/ADOPTIVE HOME
*ONLY FOR HOUSEHOLD MEMBER***
Michigan Department of Health and Human Services
Division of Child Welfare Licensing

SECTION I: REQUESTOR INFORMATION (Must be completed by licensing consultant/worker)

Agency Name and Address:

ATTN: LADAWN VENEMA
ADOPTION-F21, BETHANY CHRISTIAN SERVICES
PO BOX 294, 901 EASTERN AVE NE
GRAND RAPIDS MI 49501-0294

CPA License Number
CB410200976

***Adult Household Members
Are Not Fingerprinted**

___ Fold Mark

Directions for Completing Form:

- Please read the accompanying instructions before completing this form.
- Please type or print CLEARLY so that the information provided can be read.
- Mail completed form to DCWL Central Office or address noted in box below.

NO R1-030 Needed

- Adoption AHHM:
 - AWA or AWP
- Foster Home Renewal
- Foster Home Adding/18 years old +
- Foster Home Initial

MiSACWIS Person ID: _____

Worker's Information

Worker's Name LADAWN VENEMA	Email IVENEMA@BETHANY.ORG	Telephone Number 616 224-7565
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Applicant Information

Licensee/Applicant Name Full (Last, First)	County	DCWL Licensee Number (If assigned)
Date of Birth		

Specific relationship to licensee: _____

SECTION II: CLEARANCE INFORMATION (To be completed by household member or other person to be cleared).

Name (Last, First, Middle, Jr., II, etc.)		Gender		Birth Date		Social Security #	
Marital Status <input type="checkbox"/> SGL <input type="checkbox"/> MAR <input type="checkbox"/> DIV <input type="checkbox"/> WID				Also Known as [Aliases, maiden name, previous married name(s)]			
Address (Street Number and Name)				Michigan Driver's License or State ID Number			
City	County	State	Zip Code	Phone Number	Race	Height	Weight
Have you always lived in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes							
If you have lived outside of Michigan in the past 5 years, please list the states/countries where you have lived:							
Have you ever: Been convicted of a crime, felony or misdemeanor? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, explain) _____							
Been substantiated for abuse or neglect of children or adults? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, explain) _____							
Type, Location, and Date of Conviction(s) or Substantiations: (for additional space attach separate sheet)							

My signature certifies that I have reviewed the information on the back of this form.

Signature of Person or Guardian to be Cleared	Date
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SECTION III: CENTRAL RECORDS CLEARANCE (DCWL Use Only)

Address on Michigan Public Sex Offender Registry? <input type="checkbox"/> No <input type="checkbox"/> Yes	Initials/Clearance Date
Secretary of State Discrepancy? <input type="checkbox"/> No <input type="checkbox"/> Yes	Initials/Clearance Date
Individual on Central Registry? <input type="checkbox"/> No <input type="checkbox"/> Yes	Initials/Clearance Date
Individual with MiSACWIS/CPS History? <input type="checkbox"/> No <input type="checkbox"/> Yes	Initials/Clearance Date
Previous Registration/License <input type="checkbox"/> No <input type="checkbox"/> Active <input type="checkbox"/> Closed	Initials/Clearance Date
Previous Registration/License Number:	Adverse Action? <input type="checkbox"/> Yes

SECTION IV: CONVICTION CLEARANCE

(DCWL Use Only)

LICENSING RECORD CLEARANCE REQUEST INSTRUCTIONS

The purpose of this form is to:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Michigan Department of Health and Human Services Central Registry File check regarding the possible existence of a substantiated child abuse or neglect record.
3. Produce a Division of Child Welfare Licensing (DCWL) files check against current or previous licensee status of the applicant in any county of the state.

The existence of a conviction record does not necessarily disqualify an applicant for licensure. However, it does provide DCWL and the child placing agency with information, which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide DCWL with accurate and truthful information and the authorization requested on this form may be sufficient cause to deny issuance of a license or certificate of registration.

- I am aware that Michigan Department of State Police Records will be checked for information regarding criminal convictions under authority of the Child Care Organizations Act 116 of 1973.
- I am aware that the Michigan Department of Health and Human Services Central Registry will be checked for information concerning substantiated child abuse and neglect.
- I certify that the information I have given on the form is, to the best of my ability, true and correct.
- The Department may perform this check at any time while I am household member.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

Authority: 1973 PA 116

Completion: Required

Consequence: Registration/Licensure may be denied or revoked.