



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN AND ADULT LICENSING



ISMAEL AHMED
DIRECTOR

Dear Camp Applicant

Attached is the application for a Children’s or Adult Foster Care Camp **Program** license. You can access the rules at <http://www.state.mi.us/orr/emi/admincode.asp?admincode=Department&Dpt=HS>. A set of sample written required material is available http://www.michigan.gov/documents/dhs/Camp_Sample_of_Required_Materials_4_09_275781_7.pdf. The Licensing Rules for Children’s and Adult Foster Care Camps include: Part 1, General Provisions, which applies to the program license; Part 2, Fire Safety; Part 3, Environmental Health and Safety and Part 4, High Adventure, apply to the site license. Programs are licensed as either CR, Children’s Residential, or CD, Children’s Day. A CR license may have both day and residential camp programs. A CD licensee may only have day camps, as additional fire.

CAMP APPLICATION: Complete the application for your camp program.

APPLICATION FEE: Send the fee in the form of a check written to the **State of Michigan** along with the application form and other applicable documentation to:

Department of Human Services
Cashier’s Office
P.O. Box 30759
Lansing, MI 48909-8150

The fee schedule for program licensure is non-refundable as follows:

APPLICATION TYPE	FEE FOR ORIGINAL PROGRAM
1. Children’s Camp	
Licensed Capacity 5-100	\$100
100+	\$200
2. Adult Foster Care Camp	
Licensed Capacity (ALL)	\$ 40

REQUIRED INFORMATION: Be sure to include the dates that the program is going to run. This information must be submitted for every camp program to ensure that consultants know when you are running and whether you camp is planning trips out of the camp. All directors will need to complete a Licensing Record Clearance Request.

If you rent a site, you are responsible for making sure the site is licensed.

Should you have any additional questions or problems, feel free to contact Janice Tribble at (517) 335-6068, Darrell Clay at (269) 337-5037 or Steven Seagar at (989) 344-5120.

A handwritten signature in cursive script that reads "Janice M. Tribble".

Janice Tribble, Program Manger
Bureau of Children and Adult Licensing

Enclosure

LICENSING RECORD CLEARANCE REQUEST INSTRUCTIONS

There are four purposes to this form:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Department of Human Services Central Registry File check regarding the possible existence of a substantiated child abuse or neglect record.
3. Produce a Bureau of Children and Adult Licensing (BCAL) Files check against current or previous licensee status of the applicant in any county of the state.
4. **Child Care Applicants Only:** Live Scan Fingerprint Request is required for applicant, licensee, and/or program director. Refer to enclosed information regarding locations to conduct fingerprinting. The Licensing Record Clearance (BCAL-1326) must be taken with you at the time the FBI fingerprint is conducted. **Note: The TCN# will be filled in by the Fingerprint Specialist and must be completed prior to submitting application to BCAL.**

The existence of a conviction record or a substantiated child abuse or neglect record does not necessarily disqualify an applicant for licensure. However, it does provide BCAL with information, which will be carefully evaluated by licensing staff.

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

AUTHORITY:	1973 PA 116 1979 PA 218	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
COMPLETION:	Required	
CONSEQUENCE:	Registration/Licensure may be denied.	

LICENSING RECORD CLEARANCE REQUEST STATE OF MICHIGAN

Department of Human Services
Bureau of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM: <ul style="list-style-type: none"> 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 BCAL Central office or address noted in box below. 	LIVESCAN FINGERPRINT REQUEST <i>This section for child care only.</i>
SECTION I: REQUESTOR INFORMATION	Agency ID: 10971L TCN# _____ (MUST BE FILLED IN PRIOR TO RETURNING) Date Fingerprinted: _____ Type of Picture I.D. presented: _____ DCL(Child Care License)
Return this form to: <input type="checkbox"/> Janice Tribble, Program Manager DHS, BCAL 7109 W. Saginaw, 2 nd Fl. P.O. Box 30650 Lansing, MI 48909-8150 <input type="checkbox"/>	

LICENSEE/APPLICANT NAME	County	LICENSE NUMBER (If assigned)
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LICENSE/APPLICATION TYPE			
<input type="checkbox"/> Family/Group Child Care Home	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Institution/Agency	<input type="checkbox"/> Camp

THE PERSON BEING CLEARED IS (check only one per form):

<input type="checkbox"/> Adult Member of Household (specify relationship to licensee):	<input type="checkbox"/> Registrant/Licensee/Licensee Designee
<input type="checkbox"/> Applicant	<input type="checkbox"/> Administrator
<input type="checkbox"/> Responsible Person (In charge of daily operations)	<input type="checkbox"/> Director/Program Director

SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a BCAL-1326)

NAME (Last, First, Middle Jr., II, etc.)	SEX	BIRTH DATE	SOCIAL SECURITY NUMBER
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MARITAL STATUS	<input type="checkbox"/> SGL	ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))
<input type="checkbox"/> MAR	<input type="checkbox"/> DIV	<input type="checkbox"/> WID

ADDRESS (Street Number and Name)	MICHIGAN DRIVERS LICENSE NUMBER	RACE
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CITY	COUNTY	STATE	ZIP CODE	PHONE NUMBER	HOW LONG HAVE YOU LIVED IN THIS STATE?	COUNTY?
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- I am aware that Michigan Department of State Police records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute.
- I am aware that the Department of 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 registered/licensed.

HAVE YOU EVER:

Been convicted of a crime, felony or misdemeanor? NO YES (If yes, explain)

Been substantiated for abuse or neglect of children or adults? NO YES (If yes, explain)

Type, Location and Date of Conviction(s) or Substantiations:

SIGNATURE OF PERSON TO BE CLEARED	DATE
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SECTION III: CENTRAL RECORDS CLEARANCE (BCAL Use Only) SECTION IV: CONVICTION CLEARANCE

INDIVIDUAL ON MICHIGAN PUBLIC SEX OFFENDER REGISTRY?	INITIALS/CLEARANCE DATE	For BCAL Use Only
<input type="checkbox"/> NO <input type="checkbox"/> YES		
ADDRESS ON MICHIGAN PUBLIC SEX OFFENDER REGISTRY?	INITIALS/CLEARANCE DATE	
<input type="checkbox"/> NO <input type="checkbox"/> YES		
IS ON CENTRAL REGISTRY?	INITIALS/CLEARANCE DATE	
<input type="checkbox"/> NO <input type="checkbox"/> YES		
PREVIOUS REGISTRATION/LICENSE? <input type="checkbox"/> ACTIVE	INITIALS/CLEARANCE DATE	
<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> CLOSED		
REGISTRATION/LICENSE NUMBER:		