

AFC/HFA LICENSING RECORD CLEARANCE REQUEST INSTRUCTIONS

The purposes of this form are:

1. Verify the address of a family home applicant with Secretary of State records.
2. Produce a Bureau of Children and Adult Licensing (BCAL) files check for a current or previous licensee status of the applicant in any county of the state.
3. Produce a Department of State Police check regarding the possible existence of a conviction record.

Instructions for processing: The Licensing Record Clearance (BCAL-1326A) 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 the form.**

Fingerprint check of Adult Foster Care and Home for the Aged license applicants and others as required by licensing statutes. You may select a fingerprint vendor at www.michigan.gov/msp/0,1607,7-123-1589_1878_8311-237662--,00.html

The existence of a conviction 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.**

- I am aware that Michigan Department of State Police Records will be checked for information regarding criminal convictions.
- 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 licensed or associated with a licensed facility.
- I understand the personal information and fingerprints submitted by live scan are used to search against criminal identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above. I further understand MSP and the FBI may also retain the submitted information and fingerprints as permitted by the Federal Privacy Act of 1974 (5 USC § 552a(b)) for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to: governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety.
- 28 CFR §16.34- Procedure to obtain change, correction or updating 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.

****DISCLAIMER: ALL FINGERPRINTS PROCESSED WITH INCORRECT FINGERPRINT CODES OR USE OF THE WRONG LICENSE RECORD CLEARANCE REQUEST FORM ARE THE RESPONSIBILITY OF THE INDIVIDUAL. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT FINGERPRINT CODES.**

AUTHORITY:	1978 PA 368 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:	Licensure may be denied.	

**AFC/HFA LICENSING RECORD CLEARANCE REQUEST
STATE OF MICHIGAN**

Department of Human Services
Bureau of Children and Adult Licensing

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 BCAL Central Office or address noted in box below.

LIVESCAN FINGERPRINT REQUEST
Fingerprint Specialist section only.

TCN# _____
(MUST BE FILLED IN PRIOR TO RETURNING)

Date Fingerprinted: _____

Type of Picture I.D. presented:

- FCL (Adult Foster Care) Agency ID: 86871E
 HAL (Homes for the Aged) Agency ID: 86872L

SECTION I: REQUESTOR INFORMATION

Department of Human Services
Bureau of Children and Adult Licensing
7109 W. Saginaw, 2nd Fl.
P.O. Box 30650
Lansing, MI 48909-8150

Licensing Consultant (if known)

Licensee/Applicant Name	Name of Facility	County	BCAL License Number (If assigned)
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License/Application Type (**check all that apply**): AFC Group Home Home for the Aged
 AFC Family Home

The Person Being Cleared Is (**CHECK ONLY ONE PER FORM**): Authorized Representative (HFA only)

Applicant/Co-Applciant Licensee/Licensee Designee AFC Administrator (Responsible for daily operation of group home)

Responsible Person (AFC Family Homes Only) Adult Member of Household (specify relationship to licensee):

Other (describe):

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-1326A). PRINT CLEARLY.

NAME (Last, First, Middle Jr., II, etc.)	GENDER	BIRTH DATE	SOCIAL SECURITY NUMBER - -
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MARITAL STATUS SGL
 MAR DIV WID

ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))

ADDRESS (Street Number and Name)	MICHIGAN DRIVERS LICENSE OR STATE ID NUMBER
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CITY	COUNTY	STATE	ZIP CODE	PHONE NUMBER	RACE	HEIGHT	WEIGHT
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OTHER STATES RESIDED IN DURING PAST 5 YEARS:

Have You Ever Been Convicted Of A Crime, Felony Or Misdemeanor?
 NO YES (If yes, explain)

Type, Location, and Date of Conviction(s)

My signature certifies that I have reviewed the instruction page.

Signature Of Person To Be Cleared	Date
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SECTION III: CENTRAL RECORDS CLEARANCE (BCAL Use Only)

SECTION IV: CONVICTION CLEARANCE

PREVIOUS LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED	INITIALS/CLEARANCE DATE	For BCAL Use Only
LICENSE NUMBER		
DISCIPLINARY ACTION? <input type="checkbox"/> YES		
SECRETARY OF STATE DISCREPANCY? (For family home applicants only) <input type="checkbox"/> NO <input type="checkbox"/> YES	INITIALS/CLEARANCE DATE	