

# CENTRAL REGISTRY CLEARANCE REQUEST

## Michigan Department of Human Services

**COPY PHOTO ID HERE AND RETAIN A COPY FOR YOUR RECORDS**

**OR ATTACH A CLEAR COPY OF YOUR ID ON A SEPARATE PAGE**

**INSTRUCTIONS:**

- An enlarged and clear copy of individual's photo identification must be attached.
- For Michigan employers, individuals and volunteer agencies, submit this request to the local County Department of Human Services. To obtain the address and fax number of **your local county DHS, access [www.michigan.gov/dhs](http://www.michigan.gov/dhs)->Inside DHS.**
- For individuals seeking clearance on themselves, the results will be sent to the address on the picture identification provided.
- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047 (Outstate only) on agency letterhead with cover sheet.
- All fields must be completed for processing.

### SECTION 1 INFORMATION ON PERSON BEING CLEARED

| Name First, Middle, Last | AKA<br>(Also Known As)<br>(Maiden Name) | Social Security Number | Signature Required for individual being cleared |
|--------------------------|---|------------------------|---|
|                          |   |                        |   |
| Address                  | Phone Number                            | Date Of Birth          |   |
|                          |   |                        |   |

### SECTION 2 REQUESTOR INFORMATION

|  |  |  |   |
|--|--|--|---|
| <b>Please Check Appropriate Box</b>  |  |  |   |
| <input type="checkbox"/> Child Welfare Agency                                    | <input type="checkbox"/> I would like to pick up my results in _____ county                              | <input type="checkbox"/> Employer  | <input type="checkbox"/> Volunteer Agency |
| <input type="checkbox"/> Law-Enforcement/Dept of Corrections                     | <input type="checkbox"/> Prosecuting Attorney/Court (please provide docket number if available) _____ MI | <input type="checkbox"/> Out-of-State Adoption and Foster Home Screening | <input type="checkbox"/> Other _____      |
| Name of Employer/Volunteer Agency/Individual<br><b>Bloomin' Preschool Conant</b> |  | Name of CPS/Law-Enforcement or Court                                     |   |
| Name   |  | Title  |   |
| Address<br><b>4100 West Quarton Rod</b>  |  | City<br><b>Bloomfield Hills</b>  | State<br><b>Michigan</b>                  |
| Zip Code<br><b>48302</b>   |  |  |   |
| Phone<br><b>248-341-7075</b>   | Fax<br><b>248-341-7099</b>   | E-mail<br><b>BloominConant@Bloomfield.org</b>                            | Date                                      |

**Employers/volunteer agencies – will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.**

For questions about completing this form, please contact the local Michigan Department of Human Services, Children's Protective Services or CPS Program office at 517-373-6028. Mail questions to PO Box 30037, 235 S. Grand Avenue, Suite 510, Lansing, Michigan 48909

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

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.