

DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

(Revised 4-22)

COPY PHOTO ID HERE
OR
ATTACH A SEPARATE PAGE

SECTION 1 – INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared	Date
Maiden Name, Aliases, also known as (A.K.A)	Social Security Number	Date of Birth
Address	City	State Zip Code
Phone Number	Email	

I am completing this for myself.
 I would like to pick up my results in _____ County (For Michigan Residents Only).

SECTION 2 – REQUESTER INFORMATION

Check Appropriate Box

Employer Volunteer Agency Adoption/Foster Care Home Screening
 Court/Law Enforcement/Department of Corrections/Prosecuting Attorney
 Other

Name of Agency or Organization Camp Kidwell	Name of Requester KJ Kelly		
Address 39000 1st Ave	City Bloomingtondale	State MI	Zip Code 49026
Email membership@campkidwell.org	Fax (866) 324-2797	Phone Number (269) 521-3559	

Employers/Volunteer Agencies will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.

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.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

INSTRUCTIONS FOR FILLING OUT THE DHS-1929

Michigan agencies, schools, preschool, daycare providers, employers, and volunteer agencies The person (The Camp Kidwell Membership/Volunteer Applicant) being cleared completes section one, signs the form, and adds a copy of their picture identification (driver's license or passport are most acceptable). The requester (Camp Kidwell) completes section two with name of agency, name of requester, address, phone, email, and fax number. Camp Kidwell will submit the DHS-1929 with identification to MDHHS for processing. See the attached list for MDHHS county office locations and contact numbers.

Please send a completed and signed copy of this form along with a photo of your photo identification (it has to be a photo ID) to membership@campkidwell.org.

If you have questions, please email us at membership@campkidwell.org

Thank you!

Camp Kidwell Membership Committee

Michigan residents requesting clearance on themselves (You must possess a Michigan identification) Complete section one and sign the form in the box provided. Include a copy of your Michigan picture identification (driver's license or passport are most acceptable). Please NOTE, the results will only be sent to the address on your picture identification. Submit your DHS-1929 form with identification to MDHHS for processing. See the attached list for MDHHS county office locations and contact numbers.

Michigan agencies, schools, preschool, daycare providers, employers, and volunteer agencies The person being cleared completes section one, signs the form, and adds a copy of their picture identification (driver's license or passport are most acceptable). The requester completes section two with name of agency, name of requester, address, phone, email, and fax number. Submit the DHS-1929 with identification to MDHHS for processing. See the attached list for MDHHS county office locations and contact numbers.

Individuals outside of Michigan For out of state Individuals requesting clearance on themselves, complete section one and sign the form. Include a copy of your state picture identification (driver's license or passport are most acceptable). Please NOTE, the results will only be sent to the address on your picture identification. Submit your request to Michigan Department of Health and Human Services fax 517-763-0280.

Agencies, schools, preschool, daycare providers, employers, and volunteer agencies outside of Michigan For out of state agencies, the person being cleared completes section one, signs the form, and adds a copy of their state picture identification (driver's license or passport are most acceptable). The requester completes section two with name of agency, name of requester, address, phone, email, and fax number. Submit your request to Michigan Department of Health and Human Services fax 517-763-0280.

Out-of-State Adoption and Foster Home Screening Please access our website at www.michigan.gov/mdhhs and follow the instructions for submitting an outstate request for adoption and foster home screening. To submit a central registry request or for questions, email: MDHHS-DCWL-OSCR@michigan.gov.

Michigan Camp Volunteers and Employees (All Types) Please contact the Department of Licensing and Regulatory Affairs, Bureau of Community Health Systems at 866-685-0006 or www.michigan.gov/lara. Submit completed form BCHS-camp 001 (Rev 1/16) to the address on the form.

Outstate government agencies requesting information, please access our website at www.michigan.gov/mdhhs follow the links to child abuse and neglect or call 517-241-9794.

If a person is listed on central registry the results will only be sent to the individual at the address on their photo identification.