

# CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

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Attach a Separate Page

## SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared		Date
Also Known as Name (AKA)	Social Security Number		Date of Birth
Address	City	State	Zip Code
Phone Number	Email		
<input type="checkbox"/> I am completing this for myself. <input type="checkbox"/> I would like to pick up my results in		County (For Michigan Residents Only).	

## SECTION 2 REQUESTER INFORMATION

Check Appropriate Box <input type="checkbox"/> Employer <input type="checkbox"/> Volunteer Agency <input type="checkbox"/> Adoption/Foster Care Home Screening <input type="checkbox"/> Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney <input type="checkbox"/> Other			
Name of Agency or Organization <b>LTBB Department of Human Services</b>	Name of Requester <b>Melanie Gasco</b>		
Address <b>7500 Odawa Circle</b>	City <b>Harbor Springs</b>	State <b>MI</b>	Zip Code <b>49740</b>
Email <b>melgasco@ltbbodawa-nsn.gov</b>	Fax <b>231-242-1635</b>	Phone Number <b>231-242-1626</b>	

**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 (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.

# INSTRUCTIONS FOR FILLING OUT THE DHS-1929

Michigan Department of Health and Human Services

**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](http://www.michigan.gov/MDHHS) and follow the instructions for submitting an outstate request for adoption and foster home screening. For questions contact 517-284-9740.

## **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](http://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/DHHS](http://www.michigan.gov/DHHS) 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.