

**RELATIVE CARE PROVIDER
APPLICATION**
State of Michigan
Department of Human Services (DHS)

INSTRUCTIONS TO PROVIDER:

- Read all pages of this application.
- If there is no name entered in the "Grantee Name" box in the top right corner of this application, enter the name of the parent/substitute parent whose child(ren) is in your care.
- **Complete page 1. Sign and date page 2. Retain page 3.**
- **You must provide proof of your identity, age and Social Security Number with this application. The name on this application must match the name on the social security card. Your Social Security Number will be used for proof of identity, IRS reporting and background checks. Failure to provide these verifications within 6 days will result in denial of your application.**
- You will be sent a DHS-4807, Notice of Child Care Provider Eligibility.
- You will be sent a DHS-198, Child Development and Care Certificate/Notice of Authorization, indicating whether or not the child(ren) in your care has been authorized to receive subsidy payments.

Grantee Name					
Grantee ID				Case Number	
County	District	Section	Unit	Specialist	Date
Specialist Name					
Local DHS Office				Telephone Number	
Local Office Address (Street Number and Name)					
City				State	Zip Code

- DHS Publication 230, Provider Handbook and Reporting Instructions for Child Care Providers, is available at: www.michigan.gov/childcare
- The parent is responsible for child care expenses that are not paid by DHS including expenses incurred while a parent's or providers eligibility is being determined.
- You may be eligible to receive help with the cost of meals and snacks. Call 517-373-7391 or email MDE-CNAP-CACFP@michigan.gov.

By completing this application, I am applying to be a DHS-enrolled relative care provider. I have read and certify that I understand and meet all requirements listed on page 2 and 3 of this application.

Name (Last, First, Middle)			Former/Maiden/Alias		
Date of Birth	Sex	Social Security #		Driver's License #	
Residence Address (Number and Street, Apartment Number)			City	State	Zip Code County
Mailing Address (If Different From Above)			City	State	Zip Code County
Have you ever provided child care services for DHS subsidy eligible children? <input type="checkbox"/> NO <input type="checkbox"/> YES			Provider ID Number		Telephone Number ()
Have you ever had your child care center/group home license or family home registration suspended or revoked? <input type="checkbox"/> NO <input type="checkbox"/> YES					
Do you receive DHS payment for providing Adult Home Help Services? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, for whom? ▶					
What is your relationship to all of the children you plan to care for in your home? If not related as indicated below, you do not qualify to be a relative care provider.					
<input type="checkbox"/> Grandparent/step-grandparent		<input type="checkbox"/> Uncle/step-uncle/ great-uncle/step-great uncle			
<input type="checkbox"/> Great-grandparent/step-great-grandparent		<input type="checkbox"/> Aunt/step-aunt/great-aunt/step-great aunt		<input type="checkbox"/> Sibling/step-sibling	
DHS will complete background checks for all relative care provider applicants and adult household members. Failure to tell DHS of any and all charges (e.g., misdemeanors, traffic violations, etc.) will result in denial.					
Do you or any adult household member have any criminal charges pending or ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES					
If yes, who? ▶ _____			What state? ▶ _____		
Describe the crime(s):					
Have you or any adult living in your home ever been found responsible for the neglect or abuse of children in a Children's Protective Services case? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who?					
List all adults (18 or older) who live in your home: (Attach additional sheet if necessary.)					
Name	Maiden & Other Names Used	Date of Birth	Sex	Social Security #	Driver's License #

Payments made for child care services for subsidy eligible children are reported to the Internal Revenue Service.

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.	AUTHORITY: PA 280 of 1939. COMPLETION: Voluntary CONSEQUENCE FOR NONCOMPLETION: Applicant will not be enrolled to care for subsidy eligible children.
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DISTRIBUTION: Pages 1 and 2, Local office central provider file
Page 3 - Provider

Go to page 2 ▶

I certify that I meet the following requirements to be a DHS enrolled relative care provider:

- I am a grandparent/step-grandparent, great-grandparent/step-great-grandparent, aunt/step-aunt/great-aunt/step-great-aunt, uncle/step-uncle/great-uncle/step-great-uncle or adult sibling/step-sibling of the child needing care. My relationship to the child(ren) must be by blood, marriage or adoption. A divorce severs/terminates the relationship gained through marriage.
- I am not the parent or legal guardian of the child needing care, a member of the CDC program group, the CDC applicant/client, or the CDC applicant/client's spouse living in the child's home.
- I may be terminated from or may not be enrolled to care for subsidy eligible children if a Central Registry or criminal background check determines I, or any adult (18 years or older) living in my household, have been responsible for the neglect or abuse of children in a confirmed Children's Protective Services case, or if I or an adult household member, have been charged or convicted of certain disqualifying crimes.
- I am at least 18 years of age and able to read and write.
- I must live in Michigan and not live in the same household as the child.
- I must not have any untreatable physical or emotional impairment or other problem that would hinder me from giving adequate care and supervision to children.
- I must provide the care in a safe and healthy environment for children.
- I must not have family responsibilities or other obligations that would interfere with providing child care to children.
- I must know how and when to seek help from others, i.e., how to use the telephone, how to respond to emergency situations which might arise during the provision of care to children.
- I must not have had my child care center, group home license, foster care license or family home registration revoked, or not be currently suspended.
- I must immediately report any suspected child abuse or neglect to Children's Protective Services at the local DHS office.
- I must give the parents/substitute parents of the children in my care unlimited access to their children while they are in my care.
- I must only release a child to the parent/substitute parent or persons authorized by the parent/substitute parent.
- I must not charge the parent/substitute parent more than what I charge the general public.
- I must report to the local DHS office a change in my name, mailing and/or residential address, if I stop providing care for a subsidy eligible child and any change to the adults (18 years or older) living in my household within 10 calendar days of occurrence as long as I am a relative care provider.
- As part of my billing/reporting requirements, I must maintain daily records showing the beginning and ending times of the care I provide for each subsidy eligible child. The parent/substitute parent must certify that these records are accurate. I must maintain those records for four years. If asked, I must make those records available to an employee of DHS or the auditor general.
- I understand I am considered to be self employed and not an employee of DHS.
- I understand that if I am also a home help provider, I may not provide child care for the same period in which home help is provided.
- I understand that if I have employment other than as a child care provider, my hours of employment must not conflict or interfere with the hours that I provide child care.
- I may only bill for care provided in my home, and it must not be the home where the child lives.
- I may only bill for child care services when a subsidy eligible child is physically in my care (except for qualifying State of Michigan holidays and absences due to a child's illness) and the child would normally be in my care.
- I must not care for more than 4 children (including my own children) at the same time, unless all children are siblings or migrant children. The maximum number of siblings or migrant children in my care may not exceed 6 (including my own children) at any one time.
- I must not care for more than 2 children (including my own children) under the age of 12 months at the same time.
- I understand that payment for all DHS subsidy eligible children in my care is limited to 540 hours in a biweekly pay period.
- I must cooperate with the DHS in connection with an investigation.
- I understand that if I am found guilty of an intentional program violation, my enrollment may be terminated.
- I understand that I may be prosecuted for fraud if my intentional misrepresentation causes an overpayment.
- I understand that if I have been overpaid for any reason, the extra payments received must be repaid, and future payments may be reduced by 20%.
- I agree that if I default on a repay agreement, future payments may be reduced by 20%.
- I acknowledge that the terms and conditions of this enrollment may be changed without notice.
- I understand that this certification applies to any subsidy eligible children I care for, until my enrollment is terminated.
- I understand that if I have misrepresented my circumstances, or if I fail to meet and abide by the requirements as listed, the DHS may deny or terminate my enrollment as a relative care provider.
- I have reviewed the Provider Handbook and Reporting Instructions for Child Care Providers and the DHS Web site (www.michigan.gov/childcare).
- I have read, understand, and meet all enrollment requirements to be a DHS enrolled relative care provider. I have retained a copy of the requirements for my records.

Provider Signature

Date

REQUIREMENTS TO BE A DHS-ENROLLED RELATIVE CARE PROVIDER

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Provider retain this page for your records.