Dear In-Home Aide Applicant,

Thank you for your interest in becoming an In-Home Aide Provider with the Sault Ste. Marie Tribe of Chippewa Indians ACFS Child Care and Development Fund program.

We will need the following from you before you can be approved as an In-Home Aide Provider.

-application
-copy of your driver's license
-copy of your Tribal ID (if applicable)
-Good Moral Character form
-Request for Sault Tribe Central Registry Clearance
-Request for MDHHS Central Registry Clearance
-Authorization for ICHATs
-approval for NSOR name based and address based searches
-Finger Printing for FBI Background Check (provider responsibility to pay for the finger printing and background check
-Complete online MiRegistry.org Health and Safety Course I, Health and Safety Course II and CPR and First Aid

If you are authorized to be a CCDF In-Home Aide provider, the CCDF Program will reimburse the provider for the background check costs and online training)

https://www.redcross.org/take-a-class/classes/1-year-online-provisional-adult-and-pediatric-fa%2Fcpr%2Faed-ol/a6R3o000000v1E0.html

MiRegistry.com

By signing below you acknowledge background clearance and approval to submit to these required checks.

Applicant Signature _____ Date _____

Cc: file

Sault Ste. Marie Tribe of Chippewa Indians
Anishnaabek Community and Family Services
Child Care and Development Fund
In Home Aide Provider Application

Applicants Name	**DOB**
Address	**Phone**
SS#	**Maiden Name**
Other Last Names Used	

What is your relationship to the children needing care?_____

Have you lived in any other State in the last 5 years? Yes No List State:_____

Referred to Fingerprinting? Yes No

OTHERS IN HOUSEHOLD/RESIDENCE

Name	Relation to Applicant	DOB

Required Documentation Applicant:
Current and Valid Tribal ID (must match Drivers' License)
Current Driver's License or State ID
Tribal Registry Clearance (18 Years and older)
MDHHS Registry Clearance (18 years and older) (you must bring them to the nearest MDHHS office)
ICHAT (18 years and older)
Name/Address Based SOR

GENERAL INFORMATION

1. **Does anyone in the household/residence have any involvement with the legal system or any other works or programs we should know about?**

2. **In your own words please tell us why you are interested in becoming an In Home Aide Provider?**

3. **Please list what you feel your strengths would be as an In-Home Aide Provider.**

SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS
ANISHNAABEK COMMUNITY AND FAMILY SERVICES
CHILD CARE AND DEVELOPMENT FUND PROGRAM

CERTIFICATION OF COMPLIANCE WITH REGULATIONS RELATED TO "GOOD MORAL CHARACTER," CRIMINAL HISTORY AND CHILD ABUSE/NEGLECT

1. Have you ever been convicted of, plead guilty of or plead nolo contendere to any of the following?

☐Yes ☐ No Crimes involving a substantial misrepresentation of any material fact to the public including bribery, fraud, aiding and abetting the filing of false claims, racketeering, or allowing an establishment to be used for illegal purposes, perjury, identity theft, retail fraud, forgery, insufficient funds, welfare fraud, attempted uttering and publishing, false pretenses, misdemeanor assault, misdemeanor battery, domestic violence. (or attempts to commit any of these crimes)

☐ Yes ☐ No Crimes involving homicide, murder, manslaughter, mayhem, negligent homicide, assault, battery and felonious assault.

☐ Yes ☐ No Crimes which involve a violent act or a threat of a violent act against a person or a crime constituting a sexual offense, stalking, felony peeping Tom, indecent exposure, gross indecency, human trafficking, breaking and entering, home invasion, providing alcohol to a minor, possession of stolen property, disorderly person, obscene conduct, common prostitution and window peeper. (attempted for all of the above.)

☐ Yes ☐ No Criminal sexual conduct in any degree

☐ Yes ☐ No Commercial activity involving child abuse, neglect or exploitation, kidnapping, adoption schemes, and prostitution

☐ Yes ☐ No Cruelty toward, or torture of, any person

☐ Yes ☐ No Robbery, armed robbery, burglary, receiving stolen property, concealing stolen property.

☐ Yes ☐ No Extortion

☐ Yes ☐ No Obtaining property by false pretenses

☐ Yes ☐ No Larceny by trick or larceny by cohesion

☐ Yes ☐ No Embezzlement

☐ Yes ☐ No Arson

☐ Yes ☐ No Offenses involving narcotics, alcohol or controlled substances that result in a felon conviction. Any drug or narcotic felony and felony drunk driving.

☐ Yes ☐ No Offenses involving adulterating drugs, controlled substances, preparations, poisoning, unlawful manufacturing, delivery or possession with intent to manufacture or delivery of drugs

2. Have you ever been convicted of any crime not listed above other than a minor traffic violation? If yes, explain.

☐ Yes ☐ No _____

_____

_____

_____

DRUG-FREE and SUBSTANCE ABUSE POLICY

Purpose

1. This policy in the ACFS CCDF Certified In-Home Aides packet is an overview of the Licensing Drug-Free Workplace and Substance Abuse Policy.

2. The Drug-Free Workplace Policy prohibits Certified In-Home Aides from unlawfully manufacturing, distributing, dispensing, possessing or being under the influence of any Prohibited Drug while on the premises of any Tribal Licensed Family Child Care Home.

3. The Substance Abuse Policy prohibits In-Home Aides from reporting to the Child Care Home with detectable levels of Prohibited Drugs.

4. In adopting the Drug-Free Workplace Policy and the Substance Abuse Policy, the Certified in-Home Aide recognizes that drug abuse by anyone adversely impacts the Tribal Certified In-Home Aide by promoting an unsafe work environment and lowering productivity.

Violation of policies could mean forfeiture of Certification and ability to receive CCDF subsidy payments.

By signing below, I have received a copy of the Drug Free and Substance Abuse policy, I understand and will adhere to the policy.

_____ _____

Signature Date

In Home Aide Required Training

REQUIRED TRAINING

MiRegistry.org

Health and Safety Course I	$10
Health and Safety Course II	$10

Other training will be assigned throughout the year

Refresher Annual training	$0

First Aid and CPR Online Certification	$80	Annual

(The CCDF Program will reimburse you for the cost of the above trainings once you have passed the required background checks)

https://www.redcross.org/take-a-class/classes/1-year-online-provisional-adult-and-pediatric-fa%2Fcpr%2Faed-ol/a6R3o000000v1E0.html

SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS
ANISHNAABEK COMMUNITY AND FAMILY SERVICES
2218 SHUNK ROAD
SAULT STE. MARIE, MI 49783
TELEPHONE: 906-632-5250 FAX: 906-632-5266

REQUEST FOR SAULT TRIBE CENTRAL REGISTRY CLEARANCE (CRC)

INSTRUCTIONS: Complete the following information and submit the request to any ACFS office location along with a picture identification card. ACFS will complete the request for Central Registry Clearance within 48 hours from the date this request was received.

I am requesting that ACFS provide me with a Central Registry Clearance on myself.

LAST NAME:	FIRST NAME:	BIRTH DATE:	TODAY'S DATE:

MAIDEN – OTHER USED NAME(S):	CURRENT TELEPHONE NUMBER:

CURRENT MAILING ADDRESS (STREET NUMBER AND NAME):		
CITY:	**STATE:**	**ZIP CODE:**

Indicate below how you want to receive the results of the Central Registry Clearance:

☐ I would like the results mailed to the address on my picture identification card.

☐ I would like to pick up the results from the nearest ACFS Office.

☒ I would like the results mailed to: ☐ Employer / Potential Employer ☐ Volunteer Agency ☒ Other Agency

Business Name: CCDF – Sault Tribe

Street Address: 2218 Shunk Road

City / State / Zip Code: Sault, MI 49783

IF YOU ARE LISTED ON CENTRAL REGISTRY, THIS INFORMATION IS CONFIDENTIAL AND THE RESULTS CANNOT BE MAILED TO AN EMPLOYER / POTENTIAL EMPLOYER OR A VOLUNTEER AGENCY. RESULTS WILL BE MAILED TO YOU INSTEAD.

SIGNATURE OF REQUESTOR _____ DATE _____

SIGNATURE OF ACFS STAFF ACCEPTING REQUEST _____ DATE _____

DO NOT WRITE IN THIS SECTION:

The results of the clearance indicate that as of _____ [DATE], the following results should be noted: (Check only one box.)

☐ There is no record indicating a children's protective services history of substantiated abuse and / or neglect.

☐ There is a record indicating a children's protective services substantiated abuse and / or neglect.

☐ Additional information is needed in order to complete a Central Registry Clearance. _____

If you would like to request an Administrative Review of this record, please contact a CPS Supervisor within five business days of receipt at 906-632-5250 to schedule an Administrative Review Hearing.

SIGNATURE OF ACFS INTAKE TECHNICIAN OR DESIGNEE COMPLETING THE CRC _____ DATE _____

ANISHNAABEK COMMUNITY AND FAMILY SERVICES
CHILD CARE AND DEVELOPMENT PROGRAM
2218 SHUNK ROAD
SAULT STE. MARIE, MI 49783

AUTHORIZATION FOR RECORDS CLEARANCE

Please check the following information against either the ICHAT system or court records. Please fill out the very bottom box and return to the requestor. If you have questions or require further documentation, please contact the requestor. Thank you.

SECTION I, REQUESTOR INFORMATION

Caseworker Name and Phone Number:
Rose Pagin CCDF Regulatory Specialist

Applicant's Full Name:

License/Applicant Type — Relative Care Provider

☐ Child Care Center ☒ Family Child Care Home ☐ Group Child Care Home

Person Being Cleared

☐ Licensee ☒ Applicant ☐ Adult Member of the Household ☐ Assistant Care Giver ☐ Employee

SECTION II, CLEARANCE INFORMATION

NAME (Last, First, Middle, Jr., II, etc.)			SEX	BIRTH DATE	SOCIAL SECURITY NUMBER
ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Names)			DRIVERS LICENSE NUMBER		STATE ISSUED
ADDRESS (Street Number and Name)			HOW LONG HAVE YOU LIVED IN MICH?		RACE
CITY	COUNTY	STATE	ZIP CODE	BIRTH DATE	HEIGHT	WEIGHT

- I am aware that Michigan Department of State Police records and or Sault Tribe Tribal Court records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute.
- I certify that the information I have given on this form is, to the best of my ability, true and correct.

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CONVICTED OF A CRIME?

☐NO ☐YES **(If yes, name of person)** _____

TYPE, LOCATION, AND DATE OF CONVICTION(S) _____

Signature of Person to be Cleared — Date

SECTION III, CLEARANCE RESULTS

Clearance Date_____ Is there a criminal history? YES NO

Are The Results Attached to This?_____

Signature of Person doing Clearance_____

Clearance ran on Tribal PS?_____ If yes, Results?_____

01
9/09

DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services
(Revised 5-23)

COPY PHOTO ID HERE

OR

ATTACH A SEPARATE PAGE

SECTION 1 – INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)

Maiden Name, Aliases, also known as (A.K.A) | Social Security Number | Date of Birth

Address | City | State | Zip Code

Phone Number | Email

☐ I would like to pick up my results in County (For Michigan Residents Only).

Signature Required for Individual Being Cleared | Date

SECTION 2 – REQUESTER INFORMATION

Check Appropriate Box

- ☐ Employer
- ☐ Volunteer Agency
- ☐ Out-of-State Child Caring Institution
- ☐ Out-of-State Adoption/Foster Care Home Screening
- ☐ Michigan Court/Law Enforcement/Department of Corrections/Prosecuting Attorney
- ☒ Individual Self-Request

Name of Agency or Organization: Sault Tribe ACFS - CCDF Program

Name of Requester: Rose, Paquin

Address: 2218 Shunk Rd.

City: Sault Ste. Marie

State: MI

Zip Code: 49783

Email: rpaquin3@saulttribe.net

Fax: (906) 632-5266

Phone Number: (906) 632-5250

INSTRUCTIONS FOR DHS-1929

REQUIREMENTS

All submitted requests must include a completed form with signature and a copy of the individual of the inquiry's legal photo ID.

With this signed written request, the department may provide confirmation of central registry placement to an individual, office, agency, and/or entity authorized by law to receive it. Results of placement on central registry will be indicated on a DHS-1910, Central Registry Check, response letter and mailed to the address on the individual's legal photo ID within ten (10) business days, via certified mail or marked restricted (to be delivered to addressee only), OR via encrypted email to the requestor, if authorized to receive the results.

If the individual of the inquiry is not listed on central registry, results indicating the person is not listed on central registry as of the date the clearance was performed will be marked on a DHS-1910, Central Registry Check, response letter and issued via standard mail, fax, or by encrypted email to the email address provided on this form within ten (10) business days. If Section 2 is completed, the clearance results will be sent to the listed agency lead.

INSTRUCTIONS

Employer and/or Volunteer Agency
Includes all agencies, organizations and companies employing staff or seeking volunteers. Includes school and university coursework programs, hospitals, medical centers, and third-party companies. Excludes camp organizations, children camp organizations, and Michigan-based child caring institutions.

Michigan-Based Agencies: Michigan employers and volunteer agencies requesting a central registry clearance on an employee/volunteer or potential employee/volunteer must complete both Sections 1 and 2. Submit the completed DHS-1929 form, along with legal photo ID, to the MDHHS office in the county where the employer or volunteer agency is located. See the attached list for MDHHS county office locations and contact numbers.

NOTE: If the Michigan-based agency is requesting a central registry clearance on an employee/volunteer or potential employee/volunteer who **resides out-of-state**, submit the DHS-1929 form, along with a legal ID, to the Out-of-State Central Registry mailbox at MDHHS-Outofstate-Central-Registry@michigan.gov or by fax. See the attached list for Out-of-State location and contact information.

Out-of-State Agencies: Out-of-state employers and volunteer agencies requesting a central registry clearance on an employee/volunteer or potential employee/volunteer must complete both Sections 1 and 2. Submit the completed DHS-1929 form, along with legal photo ID, to the Out-of-State Central Registry mailbox at MDHHS-Outofstate-Central-Registry@michigan.gov or by fax. See the attached list for Out-of-State location and contact information.

Out-of-State Child Caring Institutions: Out-of-state child caring centers, child placing agencies, and residential centers requesting a central registry clearance on an employee/volunteer or potential employee/volunteer must complete both Sections 1 and 2. Submit the completed DHS-1929 form, along with legal photo ID, to the Out-of-State Central Registry mailbox at MDHHS-Outofstate-Central-Registry@michigan.gov or by fax. See the attached list for Out-of-State location and contact information.

NOTE: Out-of-State Child Placing Agencies requesting investigation case record history **do not complete this form.** Agencies outside of Michigan who are investigating a report of known or suspected child abuse or neglect, may request records by *emailing a request on letterhead to

County	Address	Phone	Fax/*Email
Alcona	410 E. Main St. Harrisville MI 48740	989-724-9000	989-362-6629
Alger	413 Maple St., Munsing, MI 49862	906-628-7002	906-387-4710
Allegan	3255 122nd., Ste. 300 Allegan, MI 49010	269-673-7700	269-673-7795
Alpena	600 Walnut St., Alpena MI 49707	989-354-7200	989-354-7242
Antrim	203 E. Cayuga St., PO Box 316, Bellaire, MI 49615	231-533-8664	231-533-8740
Arenac	3709 Deep River Rd., Standish, MI 48658	989-846-5500	989-846-4365
Baraga	108 Main St., PO Box 10, Baraga, MI 49908	906-275-5050	906-353-8415
Barry	430 Barfield Dr., Hastings, MI 49058	269-948-3200	269-948-4101
Bay	1399 W. Center Rd., Essexville, MI 48732	989-895-2100	989-895-2494
Benzie	448 Court Plaza Govt. Ctr., PO Box 114, Beulah, MI 49617	231-882-1330	231-882-9078
Berrien	401 Eighth St., PO Box 1407, Benton Harbor, MI 49023	269-934-2000	269-934-2115
Branch	388 Keith Wilhelm Dr., Coldwater, MI 49036	517-279-4200	517-278-5346
Calhoun	190 E. Michigan Ave., PO Box 490, Battle Creek, MI 49016	269-966-1284	269-966-2837
Cass	325 M-62, Cassopolis, MI 49031	269-445-0200	269-445-0298
Charlevoix	2229 Summit Park Dr., Petoskey, MI 49770	231-348-1600	231-347-6211
Cheboygan	827 S. Huron St., Cheboygan, MI 49721	231-627-8500	231-627-8546
Chippewa	463 East 3 Mile Rd., Sault Ste. Marie, MI 49783	906-635-4100	906-635-4173
Clare	725 Richard Dr., Harrison, MI 48625	989-539-4260	989-539-4200
Clinton	105 W. Tolles Rd., St. Johns, MI 48879	989-224-5500	989-224-3896
Crawford	230 Huron Grayling, MI 49738	989-348-7691	989-348-2838
Delta	305 Ludington St., Escanaba, MI 49829	906-786-5394	906-786-5350
Dickinson	1401 Carpenter Ave. Ste. A, Iron Mountain, MI 49801	906-779-4100	906-774-2775
Eaton	1050 Independence Blvd., Charlotte, MI 48813	517-543-0860	517-543-2125
Emmet	2229 Summit Park Dr., Petoskey, MI 49770	231-348-1600	231-347-6211
Genesee	125 E. Union St., PO Box 1628, Flint, MI 48501	810-760-2550	810-760-2745
Gladwin	675 E. Cedar Ave., Gladwin, MI 48624	989-426-3300	989-426-3353
Gogebic	301 E. Lead St., Bessemer, MI 49911	906-663-6200	906-663-6230
Grand Traverse	701 S. Elmwood Ste.19, Traverse City, MI 49684	231-941-3900	231-941-0037
Gratiot	201 Commerce Dr., Ithaca, MI 48847	989-875-5181	989-875-2811
Hillsdale	40 Care Dr., Hillsdale, MI 49242	517-439-2200	517-439-0015
Houghton	47420 State Hwy. M-26 Ste. 62, Houghton, MI 49931	906-482-0500	906-487-7726
Huron	1911 Sand Beach Rd., Bad Axe, MI 48413	989-269-9201	989-269-9875
Ingham	5303 S. Cedar St., Lansing, MI 48911	517-887-9400	517-887-9500
Ionia	920 E. Lincoln, Ionia, MI 48846	616-527-5200	616-527-1849
Iosco	2145 E. Huron Rd., East Tawas, MI 48730	989-362-0300	989-362-6629
Iron	337 Brady Ave., PO Box 250, Caspian, MI 49915	906-265-9958	906-265-6390
Isabella	1919 Parkland Dr., Mt. Pleasant, MI 48858	989-772-8400	989-772-8460
Jackson	301 E. Louis Glick Hwy., Jackson, MI 49201	517-780-7400	517-780-7160
Kalamazoo	427 E. Alcott St., Kalamazoo, MI 49001	269-337-4900	269-337-5179
Kalkaska	503 North Birch St., Kalkaska, MI 49646	231-258-1200	231-258-4482
Kent	121 MLK Jr. St. SE, Ste. 200, Grand Rapids, MI 49507	616-248-1000	616-248-1035

County	Address	Phone	Fax/*Email
	*Email: MDHHS-Section8-CRRequestsWashtenaw@michigan.gov		
Wayne North	8625 Greenfield, Detroit MI 48228	313-852-1700	313-852-1891
Wayne South	1801 E. Canfield Detroit, MI 48207	313-578-5500	
	*Email: MDHHS-Central-Registry-Requests@michigan.gov		
Wayne West	27540 Michigan Ave., Inkster, MI 48141	313-931-6385	313-931-6439
Wayne-Districts	www.michigan.gov/mdhhs/inside-mdhhs/county-offices/wayne		
Wexford	10641 W. Watergate Rd., Cadillac, MI 49601	231-779-4500	231-779-4507
Out-of-State Adoption/Foster Care	*Email: MDHHS-DCWL-OSCR@michigan.gov		
Out-of-State Requests	PO Box 30037, 13th Floor, Lansing, MI 48909-7537	517-899-7446	517-763-0280
	*Email: MDHHS-Outofstate-Central-Registry@michigan.gov		