

3403 LAPEER ROAD  
PORT HURON, MI 48060  
810-982-8541 FAX 810-982-7233

**Blue Water Community Action is seeking quotes for contracted Weatherization Energy Auditor(s)/Quality Control Inspector(s)** for St. Clair County. This program, funded by federal and state resources, is designed to increase the energy efficiency of homes occupied by the low-income families and reduce heating and fuel costs for the household while investing in energy efficiency to create jobs, save money, and reduce our reliance on fossil fuels.

### **Quote**

#### **CONTRACT WEATHERIZATION ENERGY AUDITOR/QUALITY CONTROL INSPECTOR RESPONSIBILITIES**

The Contract Weatherization Energy Auditor/Quality Control Inspector (contractor) will implement the activities for the agency providing Weatherization site energy audit inspections or quality control inspections on housing units assigned by Blue Water Community Action (BWCA) and other such duties as agreed upon between BWCA and the contractor. This contract is funded by grants from the U.S. Department of Energy and other federal, state, local and private funding sources.

#### **DUTIES AND OUTCOMES**

- A.** The contractor shall complete Weatherization energy audit inspections in accordance with all applicable guidelines as specified in the Michigan Technical Weatherization Policies Manual (TWP) and the Standard Work Specifications Field Guide (SWS) incorporated herein by reference. Also, completing quality control inspections on completed Weatherization work. A copy of the TWP and SWS will be provided to the contractor.
- B.** The contractor shall comply with all reporting requirements that shall be specified by BWCA to the contractor.
- C.** The contractor shall be BPI certified to perform the agreed upon energy audit inspections and quality control inspections according to the Weatherization Energy Auditor/Quality Control Inspector certification regulations of the State of Michigan Department of Health and Human Services as they may apply. The contractor shall furnish BWCA a copy of his/her BPI Energy Auditor and BPI Quality Control Inspector Certifications prior to performing any inspections.
- D.** The contractor shall provide all equipment necessary to complete the full energy audits and quality control inspections.
- E.** No inspections shall begin until the agency issues a written proceed order to the contractor.
- F.** The contractor must commence energy audit or quality control inspections within ten (10) days after receipt of the proceed order. At the option of BWCA, this contract may be terminated for failure of the contractor to begin inspection by the date specified.

- G. The contractor must complete energy audit inspections within twenty (20) days after receipt of the proceed order, and quality control inspections within five (5) days of receipt. At the option of BWCA, this contract may be terminated for failure of the contractor to complete inspection by the date specified. Upon the completion by the contractor of the agreed upon inspection, the contractor shall supply BWCA with the required paperwork for each type of inspection.
- H. The contractor shall comply with all applicable Weatherization laws, ordinances, codes, and regulations of the federal and state governments. The contractor shall also comply with and be governed by the law of the locations where the work is being done. The contractor shall comply with the applicable Weatherization laws, ordinances, codes, and regulations of the locality.
- I. The contractor shall repair all surfaces and existing work resulting from the contractor’s performance under this contract at no additional cost to BWCA. Repair of existing work shall mean the item is to be placed in equal or new condition either by patching or replacing.
- J. The contractor agrees that he/she will attend all necessary trainings as required by the state monitors at MDHHS and/or BWCA, including “Lead Safe Work (LSW) Practices” training sessions, Renovator Training, Health and Safety training, Furnace training, NEAT training, etc. Training sessions will be offered throughout the program year.
- K. The contractor shall perform a Blower Door Test, Combustion Appliance Inspection/Testing, Health and Safety Inspection/Testing, Energy Audit and complete the required forms on each home as designated by the agency. Ownership of and experience with a blower door and other testing equipment is a necessity for participation within the Weatherization Program.

**Required Trainings/Workshops for Weatherization Inspectors**

Selected contractors must have completed the following trainings prior to signing a contract with BWCA and submit proof of completion:

Lead Base Safe Work Practices	State Training
Health & Safety Training	State Training
BPI Energy Auditor	BPI Certification
BPI Quality Control Inspector	BPI Certification
OSHA 10-hour Training	MIOSHA Training
ASHRAE 62.2 Training	State Training
Renovator Certification	EPA Certification

**Minimum Contractor Requirements**

INSURANCE

The contractor shall maintain at its expense during the term of this contract the following insurances, as applicable, which shall be written for not less than the limits of liability as specified below or required by law, whichever is greater.

The contractor shall carry or require that there be Worker’s Compensation Insurance for all employees and subcontractors engaged in work at the site in accordance with the State of Michigan workman’s compensation laws.

The contractor shall carry Employer’s Liability Insurance for all employees engaged in work at the site in the following amounts:

Bodily Injury by Accident – Each Accident	\$100,000
Bodily Injury by Disease – Policy Limit	\$500,000
Bodily Injury by Disease – Each Employee	\$100,000

The Contractor shall carry Comprehensive General Liability Insurance in the following amounts:

General Aggregate	\$2,000,000
Products & Completed Operations Aggregate	\$2,000,000
Personal & Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000

The Comprehensive General Liability Insurance shall include all major divisions of coverage including premises-operations, independent contractor's protection, products and completed operations, contractual-including specified provision for the contractor's obligations, personal injury, and broad form property damage including completed operations.

The contractor shall carry Automobile Liability Insurance for owned, non-owned and hired motor vehicles in the following amounts:

Bodily Injury – Each Person	\$ 500,000
Bodily Injury – Each Occurrence	\$ 500,000
Property Damage – Each Occurrence	\$ 500,000
With a Combined Single Limit	\$1,000,000.

The contractor shall be responsible for payment of all deductibles contained in any insurance policies required in this contract.

All insurance companies must be "A" rated or better by AM Best and insurance policies shall name the contractor as insured and shall not be canceled or reduced without at least thirty (30) days prior notice to the agency. **The Comprehensive General Liability Insurance policy shall name BWCA, its officers, employees, and agents as additional insured.** This coverage shall be primary to any coverage that may be available to the additional insured.

Certificates of Insurance evidencing such coverage shall be submitted to the Weatherization Manager at BWCA, 3403 Lapeer Rd, Port Huron, MI 48060 prior to signing the contract and at least fifteen (15) days prior to the expiration dates of expiring policies.

### **Contract Understanding**

Contractors are required to furnish their own tools, must have an alternate power source (portable) for all Weatherization inspections, storage for equipment being used, their own transportation, documentation of current liability, worker's compensation, auto insurance and required certifications. To be considered as a Weatherization contractor, the following forms must be completed and submitted by due date: a Confidentiality Statement, Certification Debarment form, and request for a criminal background check and national sex offenders check which is conducted by the agency.

### **Submission of Proposals**

Request for Proposals must be submitted as defined by BWCA. BWCA requires one original and two copies of the response. All submissions are to be in a sealed envelope plainly marked on the outside WEATHERIZATION CONTRACTORS' PROPOSAL RESPONSE. Submission of documents is a conclusive presumption that the contractor is familiar with the Request for Proposals and understands and agrees to abide by all the stipulations and requirements. The contractor must return the Request for Proposal intact and complete. Each submission shall be prepared simply and economically, providing a straightforward, concise description of the contractor's approach and ability to meet BWCA's needs, as stated in the Request for Proposal and all attached documents. It is the contractor's responsibility to ensure that proposals are received

prior to the stated closing time. The agency shall not be responsible for the proper identification and handling of any proposals submitted incorrectly. Late proposals, late modification, or late withdrawals shall not be considered accepted after the stated closing date and time and shall be returned unopened. Facsimile and electronic (email) proposals will be accepted but it is the contractor's responsibility to ensure timely receipt.

**Date Due:** April 11, 2024, at 11:00 a.m. local time.

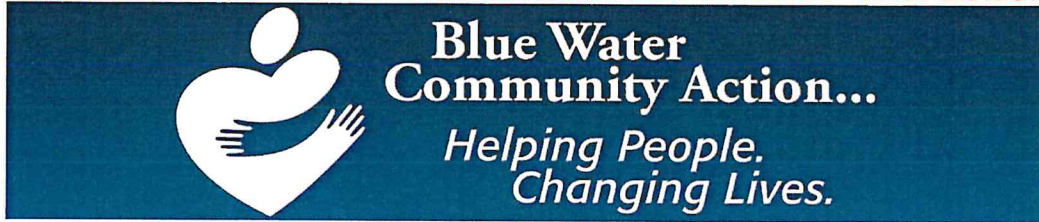
**Mail to:** BWCA/WEATHERIZATION  
3403 Lapeer Rd.  
Port Huron, MI 48060  
Must have WEATHERIZATION CONTRACTORS' PROPOSAL RESPONSE on envelope.

Awarded contracts will be from May 1, 2024 through September 30, 2025.

#### MISSION STATEMENT...

**The Mission of the Blue Water Community Action is to advocate for and provide people with limited income an opportunity to become socially and economically self-sufficient in their communities.**

PLEASE SUBMIT DOCUMENTS FROM PAGE 5 TO 13 WHEN SUBMITTING APPLICATION FOR CONTRACT WEATHERIZATION INSPECTOR



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**CONTRACTOR APPLICATION**

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Owner: \_\_\_\_\_

Instructions:

Complete this package and return to **Blue Water Community Action (BWCA)**. The contractor with completed packages will be contacted by BWCA to sign agreements.

- \_\_\_\_\_ Background Information
- \_\_\_\_\_ Pricing
- \_\_\_\_\_ Certification Regarding Debarment
- \_\_\_\_\_ National Sex Offenders Registry
- \_\_\_\_\_ Criminal History
- \_\_\_\_\_ Criminal Conviction
- \_\_\_\_\_ Confidentiality Policy
- \_\_\_\_\_ DHHS Clearance
- \_\_\_\_\_ Copies of Certifications:
  - \_\_\_\_\_ LSW Certification
  - \_\_\_\_\_ H&S Certification
  - \_\_\_\_\_ Renovator Certification
  - \_\_\_\_\_ BPI Energy Auditor Certification
  - \_\_\_\_\_ BPI Quality Control Inspector Certification
  - \_\_\_\_\_ 10 Hour MIOSHA Training
  - \_\_\_\_\_ ASHRAE 62.2 Training
- \_\_\_\_\_ Worker's Compensation
- \_\_\_\_\_ Employer's Liability
- \_\_\_\_\_ Comprehensive General Liability
- \_\_\_\_\_ Auto Insurance

**BACKGROUND INFORMATION**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

Contractor listing with state is by:

Date Company Formed: \_\_\_\_\_

\_\_\_\_\_ Individual \_\_\_\_\_ Principle Officer

Social Security Number of Owner:

Employer Tax ID Number:

\_\_\_\_\_

\_\_\_\_\_

Payments may be delayed up to 30 days due to unforeseen circumstances, knowing this are you still interested?

YES \_\_\_\_\_ NO \_\_\_\_\_

How long can you handle BWCA holding your payment? \_\_\_\_\_

Is company 51% or more minority owner?

Is company 51% or more female owner?

YES \_\_\_\_\_ NO \_\_\_\_\_

YES \_\_\_\_\_ NO \_\_\_\_\_

Have you worked as a Weatherization Inspector in Michigan? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, What Agency? \_\_\_\_\_

Contact #: \_\_\_\_\_

If yes, What Agency? \_\_\_\_\_

Contact #: \_\_\_\_\_

Do you currently have a Blower Door?

Are you knowledgeable with the IWC and the

YES \_\_\_\_\_ NO \_\_\_\_\_

current Energy Audit Tool?

YES \_\_\_\_\_ NO \_\_\_\_\_

List your references:

1. \_\_\_\_\_

2. \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of energy audits you would like to perform per week? \_\_\_\_\_

How many employees does your company consist of? \_\_\_\_\_

## PRICING FOR INSPECTIONS

Full Energy Audit Price includes complete site inspection including all required testing at the site. The completion of the IWC (Inspection pages and Work Order pages) form, pictures of the property – exterior and interior for the work order and the SHPO requirements and the WA8 Energy Audit input and output report and QC Checklist. Signed copies of the pre-inspection forms provided by BWCA: Client Plan of Action, Health & Safety Assessment findings (DHS-552 & DHS-552a), Release of Liability and Waiver of Claims, Scope of the Program, Pre-Inspection Letter, and Confirmation of Receipt of Lead Pamphlet. As well as the following: Notice of Unsafe Conditions, Asbestos Notice, and Notice of Indoor Air Quality Concern, if applicable.

Full Energy Audit Price \$ \_\_\_\_\_

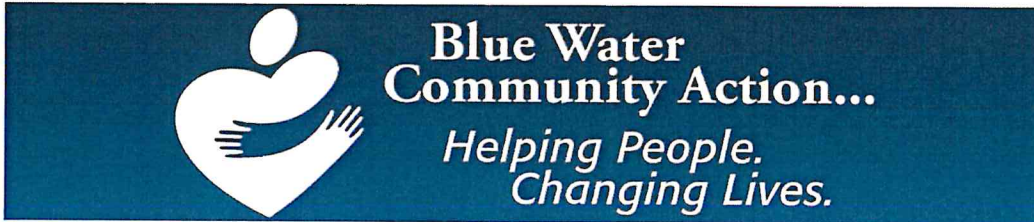
Full Quality Control Inspection Price \$ \_\_\_\_\_

Partial Energy Audit Price may include the same duties as the Full Energy Audit Price but not full completion.

Partial Energy Audit Price (Deferral Job) \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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CONTRACTOR'S NAME: \_\_\_\_\_

**Certification Regarding  
Debarment, Suspension and Other Responsibility Matters  
Primary Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

**(Before Signing Certification, Read Instructions)**

1. The prospective contractor certifies to the best of its knowledge and belief, that it and its principals:
  - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
  - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgement rendered against them or commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offense enumerated in paragraph (1)(b) of this certification; and
  - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (federal, state, or local) terminated for cause or default.
2. There the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**NAME AND TITLE OF AUTHORIZED REPRESENTATIVE**

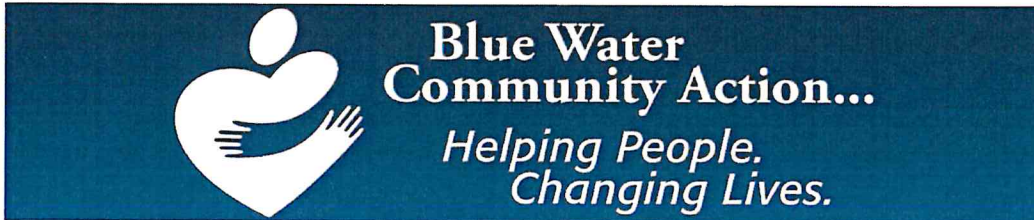
Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective contractor is providing the certification set out above.
2. The inability of a person to provide the certification required above will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out above. The certification or explanation will be considered in connection with the Department of Labor's (DOL) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the DOL determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the DOL may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DOL if at any time the prospective primary participant learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction"; "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal", and "Voluntarily excluded", as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the DOL for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier covered Transactions" provided by the DOL, without modification, in all low tier covered transactions and all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determined the eligibility of its principals. Each participant may, but is not required, to, check the List of Parties Excluded From Procurement or Non-Procurement Programs.
9. Nothing contained in the foregoing shall be construed to required establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the agency may terminate this transaction for cause or default.



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National Sex Offender Public Registry  
INQUIRY CONSENT FORM

*(Form completed by all owners and employees that may be working with the Weatherization program of St. Clair County.)*

As an owner or employee of the BWCA contractor, I understand that it is BWCA's policy to secure National Sex Offender Public Registry information as requirement of the contract that exists between BWCA and the contractor using the information provided below:

Print Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
NO. STREET CITY

Address Cont: \_\_\_\_\_  
STATE ZIP CODE COUNTY

I understand that the above information is required by the U.S. Department of Justice, 950 Pennsylvania Avenue, Washington, D.C. 20530-0001, (202) 514-2000, [www.nsopr.com](http://www.nsopr.com). I authorize BWCA to utilize the above information for the sole purpose of obtaining National Sex Offender Public Registry reports.

I also understand that my signature signifies that I am aware of the fact that if a listing is found on my record it will be considered in determining whether I will be eligible or ineligible to perform any work related to the contract that exists between BWCA and the contractor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**Residency and Criminal History  
 DECLARATION FORM**

*(Form completed by all owners and employees that may be working with the Weatherization program of St. Clair County.)*

As an owner or employee of any BWCA contractor, I understand that it is the policy of BWCA's policy to secure residency and criminal history information as a requirement of the contract that exists between BWCA and the contractor, using the information provide below:

Print Name: \_\_\_\_\_  
                                 LAST  FIRST  MIDDLE

I have resided in Michigan for the past ten years (please circle response): YES NO

If I have not resided in Michigan for the past ten years, I have not been convicted of a felony or identified as a perpetrator (please circle response): YES NO

If I have not resided in Michigan for the past ten years, and I have been convicted of a felony or identified as a perpetrator, I will describe the nature and regency of the felony below:

Nature of Felony: \_\_\_\_\_

Regency of Felony: \_\_\_\_\_

I certify that the above statements are true and correct, and they may be verified by BWCA at its discretion. I also understand that my signature signifies that I am aware of the fact that the above information and any additional related information will be considered in determining whether I will be eligible or ineligible to perform any work related to the contract that exists between BWCA and the contractor.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date



**Blue Water  
Community Action...**  
*Helping People.  
Changing Lives.*

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**Criminal Conviction History  
INQUIRY CONSENT FORM**

*(Form completed by all owners and employees that may be working with the Weatherization program of St. Clair County.)*

As an owner or employee of the BWCA Contractor, I understand that it is BWCA's policy to secure criminal conviction history information as a requirement of the contract that exists between BWCA and the contractor, using the information provide below:

Print Name: \_\_\_\_\_  
                                LAST  FIRST  MIDDLE

Maiden/Other Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued \_\_\_\_\_

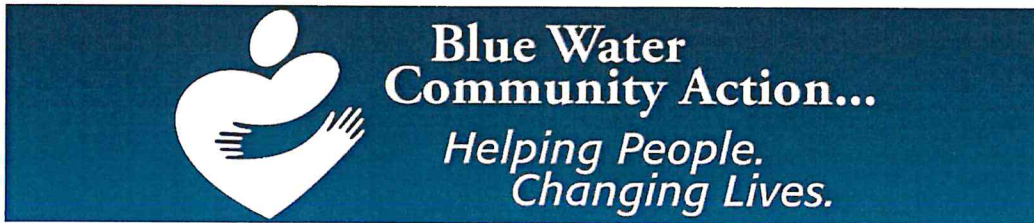
List all other names known by:

Last	First	Middle
_____	_____	_____
_____	_____	_____

I understand that the above information is required by the Michigan State Police, Central Records Division, General Office Building, 7150 Harris Drive, Lansing, Michigan 48913. I authorize BWCA to utilize the above information for the sole purpose of obtaining Criminal Conviction History file searches only.

I also understand that my signature signifies that I am aware of the fact that if a listing is found on my record it will be considered in determining whether I will be eligible or ineligible to perform any work related to the contract that exists between BWCA and the contractor.

\_\_\_\_\_  
Signature  Date



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### Confidentiality Policy

*(Form completed by all owners and employees that may be working with the Weatherization program of St. Clair County.)*

BWCA adheres to the confidentiality of all clients for the Weatherization program. It is encouraged that all owners and employees of the BWCA contractors adhere to this policy also.

1. Clients participating in the BWCA program retain the right to their privacy. Owners and employees of BWCA contractors will refrain from discussing client's personal problems, developments or any other confidential information with or in the presence of program personnel, other clients, co-workers, friends, family or uninvolved staff.
2. This also includes discussing a project with anyone other than BWCA's program manager or inspectors. This includes what one client's services may be over another client's services, what a client possesses in their home, etc.

I understand that by signing this, I agree to keep the confidentiality of the clients participating in the BWCA Weatherization program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST**

Michigan Department of Health and Human Services

(Revised 11-22a)

**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
- Child Caring Institution
- Other

Name of Agency or Organization	Name of Requester
Address	City State Zip Code
Email	Fax Phone Number

Effective November 1, 2022, only confirmed cases of methamphetamine production, confirmed serious abuse or neglect, confirmed sexual abuse, or confirmed sexual exploitation will be classified as a central registry case in Michigan. Individuals may have child welfare history that previously resulted in central

registry placement, but that would no longer meet the criteria. In addition, select criminal convictions involving children will result in placement on central registry.

This clearance does not identify individuals with child abuse/neglect history who did not meet the new central registry requirements as noted above or history in other states, territories, or tribal trust land.

With your signature, you are authorizing agencies to receive notice of all placements on central registry as allowable by Child Protection Law (MCL 722.627-722.627j).

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 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, courts, 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. To submit a central registry request or for questions, email: [MDHHS-DCWL-OSCR@michigan.gov](mailto: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](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/mdhhs](http://www.michigan.gov/mdhhs) follow the links to child abuse and neglect or call 517-241-9794.

Upon written request, the department may provide confirmation of central registry placement to an individual, office, or agency authorized to receive it.