



This form is to be used to request a search of the DCS current child welfare information system database. This request must be typewritten and must be completed for all prospective foster parents, DCS and provider employees who will work with children, and proposed conservators per policy 19.10. Note: Requests should be submitted only by persons who are completing foster home studies, persons responsible for completing child protective history search information for prospective employees, or FSWs with a conservatorship case.

Date of Request: \_\_\_\_\_

Name: Cory Haight Agency: Interlochen Arts Camp

Email: haightmc@interlochen.org Phone: 231-276-7338 Fax: 231-276-7850

Street Address: 4000 J Maddy Parkway

City: Interlochen State: Michigan Zip Code: 49643

Enter applicant's full name. Include in parentheses maiden name, all alias names, and all alternate last names.

Full Name: \_\_\_\_\_ Release on file with Agency: Yes

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Reason for search Request: Other Specify (If Other): MI Camp License Requiremer

Request Category: Child Neglect and Abuse background check

If "Recheck Request" explain reason recheck is needed:

Empty rectangular box for recheck explanation.



**Section below to be completed by DCS ONLY**

The following is the database search results for the above referenced person:

- No evidence was found indicating that the person listed above is substantiated as a perpetrator of child abuse or neglect in Tennessee.
- DCS was unable to complete your request at this time. The final results may take 30-60 days.
- The results are Inconclusive: More specific information is needed to accurately process your request.
- Database search records show that the above-listed person is substantiated by DCS for \_\_\_\_\_ in Tennessee.
- The above listed person has not been substantiated by DCS or allegations substantiated against the person occurred more than 2 years ago, with no further action taken. Therefore, its release is prohibited by Tennessee Comprehensive Rules & Regulations 0250-7-9-.03(5).

Search completed by: \_\_\_\_\_

Date:



*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.*

*Distribution: Case File (Personal, Foster Home as applicable.)*

CS-0741

Rev: 9/19

## **CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION**

Pursuant to Section 400.11109 (7) (f) of the Code of Michigan

I \_\_\_\_\_ (print full applicant name) do hereby authorize the release of personal information regarding me to the Interlochen Center for the Arts, in regards to any founded child abuse/neglect, in which I am identified as responsible for such abuse/neglect.

I release the local department from any liability for any damages I may incur which may result from the release/use of this information. I submit my following information to assist the department in their search.

Print Name \_\_\_\_\_  
Print

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

### **RETURN THE FORM TO:**

Interlochen Center for the Arts  
Human Resources – DHHS Processor  
PO BOX 199  
Interlochen, MI 49643  
Email: DHSForms@interlochen.org  
Fax: 231.276.7850  
Office: 231.276.7338