

Individual with Special Needs Enrollment

AUTHORITY: MCL 28.162, MCL 28.214, MCL 28.248, MCL 28.273, MCL 722.774 & MCL 28.274; **COMPLIANCE:** Voluntary. However failure to complete this form will result in denial of request.

Purpose: To enroll a person with special health care needs as authorized by law.

Instructions: See next page for instructions and submission information.

I. Authorizing Information: Please ensure the correct fingerprinting reason code is used, as well as the correct agency ID. The Michigan State Police (MSP) will charge for second requests due to incorrect codes.												
1. Fingerprint Code V I P			2. Requestor/Agency ID 00093450P			3. Agency Name MSP - Individual with Special Needs						
II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.												
1a. Last Name				1b. First Name				1c. Middle Initial		1d. Suffix		
2. Any Alternative Names, Last Names, or Aliases							3. Social Security Number (Optional)					
4. Place of Birth (State or Country)			5. Date of Birth		6. Phone Number		7. Driver's License / State Identification Number		8. Issuing State			
9. Home Address				10. City				11. State		12. ZIP Code		
13. Sex		14. Race			15. Height		16. Weight		17. Eye Color		18. Hair Color	
III. Parent or Guardian Contact Information												
1a. Name (last name, first name)				1b. Phone Number				1c. E-mail Address (maximum 40 characters)				
IV. Live Scan: Must be completed by the Live scan operator at the time of fingerprinting. After fingerprinting, the parent or guardian shall return this signed and completed document to the requesting agency. The Live scan operator must return a completed copy of the form to the parent or guardian.												
1. Date Printed			2. Picture ID Type Presented			3. Transaction Control Number (TCN)			4. Live Scan Operator			
V. Consent												
<p>I certify that I am a parent or guardian of a person who meets the definition of a child, youth, or individual with special health care needs as defined in MCL 722.772 and MCL 28.274 and that I am requesting the person's fingerprints and photograph,(biometric data) be taken pursuant to MCL 722.774 or MCL 28.274. I understand the person's personal information and biometric data will be submitted by Live Scan to the Automated Fingerprinting Identification System (AFIS) database and the Statewide Network of Agency Photos (SNAP) maintained by the Michigan State Police (MSP) and will be used to search against identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI) for the purpose listed above. I hereby authorize the release of the person's information and biometric data for such purposes and release of any records found to the authorized requesting agency listed above.</p> <p>During the processing of this application, and for as long as the person's fingerprints and associated information/biometrics are retained at the State and/or FBI, they may be disclosed without my consent as permitted by MCL 28.248 and the Privacy Act of 1974, 5 USC § 552a, for all applicable routine uses published by the FBI, including the Federal Register, and for the routine uses for the FBI's Next Generation Identification.</p> <p>Routine use includes, but is not limited to, disclosure to: governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitable determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p>												

Signature: _____

Date: _____

Procedure for a parent or guardian to update contact information or remove fingerprints

To update contact information or to remove fingerprints so that the fingerprints taken while enrolling under the Special Needs legislation may no longer be searched, a signed written request must be sent to:

Michigan State Police
Automated Print Unit
P.O. Box 30634
Lansing, Michigan 48909

Please note that this will not remove any fingerprints taken under any other legislation.

INSTRUCTIONS

Section I. Authorizing Information:

All values in this section have been populated and should NOT be changed.

1. Fingerprint Code:
The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check.
2. Requesting Agency Identification (ID):
The requesting agency ID is assigned to your agency by the Michigan State Police (MSP).
3. Agency Name:
The agency name is the legal name of the authorized agency.

Section II. Applicant Information:

This section is to be completed by a parent or guardian of a person with special health care needs. The applicant is the person with special health care needs. This section consists of the applicant's demographic information needed in order to ensure the integrity of the biometric data of the applicant and also to make sure it is unique to the person being fingerprinted.

Section III. Parent or Guardian Contact Information:

This section is to be completed by a parent or guardian of a person with special health care needs and requires the parent or guardian to provide his or her contact information.

1. Contact name is free text and is limited to 32 characters.
2. Phone Number is limited to a common 10 digit number. This number must include the area code.
3. Email is limited to 40 characters and must be a valid email address.

Section IV. Live Scan:

This section must be completed by the Live Scan operator at the time of fingerprinting and returned to the parent or guardian.

Section V. Consent:

This area is to be signed and returned to the following address within 30 days.

Email Address: MSP-VIP@Michigan.gov
Postal Address: Michigan State Police
Attn: Autoprint Unit
P.O. Box 30634
Lansing, MI 48909
Fax Number: 517-284-3171