



44765 Woodward Ave., Pontiac, MI 48341
248.332.7173, www.carehouse.org

VOLUNTEER APPLICATION

Purpose and Use of Application Information

Thank you for your interest in working as a volunteer with the *Helping Hands/Shaping Futures* Volunteer Program of CARE House.

The questions in this application are asked as a preliminary assessment of your qualifications as a volunteer. The Volunteer Application contains much of the material included in the Council Staff Application.

Volunteer Opportunities: [Please check the program(s) for which you wish to volunteer]

The CARE House of Oakland County has a variety of opportunities for volunteers that include:

1. **Child Assist:** This volunteer provides comfort to children who come to CARE House for an interview concerning allegations of sexual or physical abuse. The volunteer eases the fear of these children by reading, playing games or taking part in other age-appropriate activities.
2. **Family Support Group:** CARE House therapists offer a weekly support group to many of the children who have been interviewed and disclosed their abuse. The support group also includes the non-offending parents and siblings, and it focuses on positive issues and rebuilding self-esteem damaged by the abuse. Volunteers can participate in activities with children or help to facilitate the parent group. Meeting times are 5:30 pm – 7:30 pm Tuesdays.
3. **Nurturing Parenting Program:** Volunteers are needed for a 15 week program on Thursday evenings for the Parent Group, Children's Group, Infant/Toddlers, and providing a meal for the evening.
4. **Resource Parent Curriculum:** Volunteers are needed for an 8 week program on Wednesday evenings to assist with the children in attendance, engaging in play based activities for a variety of ages.
5. **Family Support Chefs:** Your group can volunteer to prepare a nutritious meal for our children and families on Family Support Night. Scheduling frequency is flexible.
6. **Front Desk Greeter:** A volunteer that is the welcoming presence for children and families as they come to CARE House. Our Greeters welcome the children and families and notify the appropriate staff. They also assist with special projects at the front desk.
7. **Medical Assistant:** Is a health care trained Volunteer who cares for the child and assists the physician during a medical evaluation when a child visits our medical clinic.
8. **Janice Morganroth CASA:** This volunteer is trained by the Council and appointed by the 6th Judicial Circuit – Family Division, to serve as a special advocate for an abused/neglected child(ren) while under the Court's jurisdiction. The Advocate provides a consistent voice for the child during the Court involvement.
9. **Development/Special Events:** Development is responsible to raise funds for the operations of the Council. At certain times, volunteers are needed to assist in preparing invitations, information packets, or other mailers, and to participate in the events with activities, such as helping with registration or setting up for the event.

INFORMATION DISCLOSURE

As an applicant, your name, job history, education, training, and work availability are public information. All other information will remain confidential. As a volunteer, your name, job title, job description, dates of volunteering, work location, work telephone number, and time sheets can be made public. All other data about you remains private and will not be shared without your written permission.

VOLUNTEER APPLICATION

PLEASE TYPE OR WRITE LEGIBLY USING BLACK INK. COMPLETE ALL PAGES OF THE APPLICATION. THANK YOU!!

BACKGROUND INFORMATION

Preferred Prefix: _____ Preferred Pronouns: _____
(Mr./Ms./Mrs./Mx./Dr.) (she/her, he/him/ they/them, other)

Name: _____
(Last) (First) (Middle)

Address: _____

City, State, and Zip Code: _____

Are you 18 years old or older? Yes___ No ___

Have you lived in a state other than Michigan in the past five (5) years? Yes No

If yes, where: _____

Home E-mail: _____

Cell Telephone: _____ Best Time To Call _____

Home Telephone: _____ Best Time To Call _____

OK to call at work? Yes___ No___ Work Telephone _____

Work E-mail: _____

EDUCATION: (Please list school/college name and degree).

High School: _____ Graduated Yes___ No___

College: _____ Graduated Yes___ No___

Other: _____ Graduated Yes___ No___

EMPLOYMENT:

Employer	Position	Dates Employed
_____	_____	_____
_____	_____	_____
_____	_____	_____

Due to the sensitive nature of the work done by CARE House, all responses to the questions below will be kept confidential.

VOLUNTEER EXPERIENCE:

Organization/Business	Position	Dates Volunteered
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any professional or civic organizations to which you belong: _____

How did you learn about the CARE House of Oakland County? _____

Why do you want to volunteer? _____

Please list any strong interest, knowledge areas, hobbies or special skills that you offer as a volunteer.

Are you fluent in another language? Yes _____ Specify _____

What experience or knowledge of children and families (i.e. parenting experience, child care experience, education or work experience) do you have to assist you in serving as a volunteer?

Have you had any experience with a human service agency as a staff person, foster parent, volunteer, or client? If yes, please describe.

Have you had any experience dealing with the juvenile or family court system? If yes, please describe.

In your opinion, how could the system do a better job to protect children?

How many hours are you available each week? _____

Please indicate morning, afternoon and evening availability:

Mon	AM _____	PM _____	Eve _____	Fri	AM _____	PM _____	Eve _____
Tue	AM _____	PM _____	Eve _____	Sat	AM _____	PM _____	Eve _____
Wed	AM _____	PM _____	Eve _____	Sun	AM _____	PM _____	Eve _____
Thur	AM _____	PM _____	Eve _____				

Some volunteer duties require the use of a car. Would you have an available car covered with liability insurance? Yes ___ No ___

Has anyone ever complained about your use of drugs and/or alcohol? Yes ___ No ___

If yes, please explain: _____

Were you abused or neglected as a child? Yes ___ No ___

Were you ever a victim of a sexual assault? Yes ___ No ___

Is there a person close to you who has been neglected or abused? Yes ___ No ___

CRIMINAL RECORD AND CHILD PROTECTIVE SERVICE CLEARANCE

The information requested in this section is essential to conduct the record check, and is required in order to be accepted into the volunteer program. If you choose to withhold this information, you will be ineligible to volunteer. As a volunteer you are obligated to report changes in your ability to drive and/or the loss of vehicle insurance coverage.

NOTE: If you have been arrested or convicted of a crime against a child, you CANNOT volunteer at CARE House

Have you ever been accused of abusing or neglecting a child? Yes ___ No ___

If yes, are you on the Central Registry as a result? Yes ___ No ___

Have you ever been arrested or convicted of a law violation other than a minor traffic offense? Yes ___ No ___

If yes, what was the offense(s)? _____

Date(s) Convicted: _____

End of probation, parole or court jurisdiction: _____

Please list any additional information you feel would be helpful in assessing your application.

Signature

Date

Signature of Parent [if applicant is under 18 years of age]

Date

Complete attached Personal Reference, Release Information, Criminal Background Check, and Confidentiality Form, and return with application.



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REFERENCES

Please list three personal references. One reference should be a co-worker, if employed. One reference can be a relative. (Other examples: minister, teacher, therapist, etc.) References will be contacted.

1. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: Home _____ Email _____

2. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: Home _____ Email _____

3. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: Home _____ Email _____

Permission to Conduct Record Check

I hereby give my permission for CARE House of Oakland County to conduct a criminal record check, and/or a Department of Transportation check to obtain information for the purpose of assessing my qualifications.

Acknowledgment

I declare that all of the preceding information is true and correct to the best of my knowledge. I understand that any false or misleading information given by me can disqualify me from consideration, or result in separation at a later time.

I understand that a volunteer at the CARE House is an at-will position.

Applicant Signature Date

Parent Signature [if applicant is under age 18] Date

NOTE: Attach any additional information you want to submit.



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248-332-7173

STAFF CRIMINAL/DHS BACKGROUND CHECK

Please complete the necessary information below. All information will be held in strict confidence.

Date: _____
First, Middle, and Last Name: _____
Previous Name(s) if applicable: _____
Home Address: _____
Date of Birth: _____
Social Security Number: _____
Driver's License Number: _____
Race: _____ Sex: Female ___ Male ___
Email Address: _____

I understand that, in order to be employed at CARE House, I must successfully complete with signature, a Criminal Background Check, Protective Services Central Registry Clearance, along with checking suitability for working with minors. I further understand that failure to sign the Background Check form and/or failure to successfully pass the Criminal Background Check, Central Registry Clearance, and suitability to work with minors, will prevent me from employment.

In signing this form, I agree that the above information has been explained to my satisfaction and I have complete understanding of its meaning. I further understand that a copy of my signed form will be given to me for my reference.

Signature: _____ Date: _____



CARE House of Oakland County Code of Conduct for Staff, Interns, Volunteers, and Multidisciplinary Team Partners

The CARE House of Oakland County Code of Conduct for Staff, Interns, Volunteers, and Multidisciplinary Team (MDT) Partners includes explicit behavior expectations for staff, interns, volunteers, and MDT partners working with the CAC. These personal and professional expectations are relevant to both our work directly with children and families, as well as within the larger MDT response.

As part of CARE House of Oakland County's MDT, it is imperative that you agree to the following statements:

- 1. Child safety and well-being are our primary priority:** We value child safety and well-being above other considerations. Child safety and well-being guide our policy and practice decision-making. This value is central to the CAC and MDT model and to the work we do every day.
- 2. Conduct all personal and professional activities with honesty, integrity, respect, fairness, and in good faith.**
- 3. All information regarding children and families involved in investigations and related services are confidential.** (Some exceptions may exist, which will be identified by program directors)
- 4. Comply with all laws and regulations in the jurisdiction within which the member is located or conducts activities on behalf of the organization;**
- 5. Staff, Interns, Volunteers, and MDT partners approach this work through a lens that appreciates and encourages diversity, respect, and teamwork:** We believe that all people, regardless of their identities or background, deserve to feel treated with respect and human dignity. As members of a collaborative team, we strive to work together to support children and families and address child abuse and neglect. It is our goal to ensure that anyone who comes to the CAC feels welcomed, respected, and heard.
- 6. Contact not related to CAC service provision between a staff member and a child/client is prohibited:** We maintain professional boundaries with all children, caregivers, and family members at the CAC. All contact between staff and program participants is related to the investigation or services, resources, and/or referrals that are relevant to their participation in the programs of the MDT.
- 7. Avoid Conflicts of Interests:** A conflicting interest may be defined as an interest, direct or indirect, with any person(s), or organization, involved at the CAC, not excluding personal or professional interest. It is the expectation that all conflicts of interest are avoided or reported.
- 8. Physical contact between a child/client and staff, interns, volunteers, and/or MDT partners must be consistent with the safety and well-being of the child:** We respect the boundaries and autonomy of all people who come to CARE House of Oakland County, especially children. Services are provided in a way that emphasizes the physical and psychological safety of



40 YEARS OF HELPING CHILDREN.

CARE HOUSE OF OAKLAND COUNTY

children. All services are centered around the child's needs and empower the child to make choices and provide input throughout service-delivery. No service is provided without the assent of the child.

9. **Staff, intern, volunteer, and MDT partner interactions with child clients should be interruptible and/or observable:** All services at CARE House of Oakland County are provided with observation and/or supervision of children and families within sight or hearing distance by CAC staff, interns, volunteers, and/or MDT partners at all times. Children and families are provided private and confidential spaces to meet with staff, interns, volunteers, and/or MDT partners as necessary and/or as requested by the child or family.
10. **It is the duty of staff to report suspected child abuse:** All CARE House of Oakland County staff, interns, volunteers, and MDT partners are mandated reporters in the state of Michigan under the Child Protection Law (1975 PA 238, MCL 722.621 et. seq.). This law requires the reporting of *suspected or confirmed* child abuse and neglect by mandated reporters. Mandated reporters must make an immediate oral report to Michigan Department of Health and Human Services (MDHHS) Centralized Intake (855-444-3911) followed by a written report within 72 hours OR reports can be accepted online through the MDHHS Michigan Online Reporting System (www.michigan.gov/mandatedreporter). In addition, CARE House of Oakland County staff, interns, and/or volunteers should follow program procedures regarding the documentation and additional reporting of any report to MDHHS Centralized Intake/Michigan Online Reporting System.

In the event that you believe that there has been a violation to any of the above statements, you must report this violation to the CARE House of Oakland County Human Resources Manager, or their designee.

Thank you for participating in CARE House of Oakland County as a team member or as part of the multidisciplinary team response! By signing below, you agree to follow this Code of Conduct while delivering services and/or conducting your investigation on behalf of children and families.

Staff/Intern/Volunteer Name and Role (printed): _____

Staff/Intern/Volunteer Signature and Date: _____

Upon completion, please return this signed document to your supervisor.



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RELEASE OF INFORMATION

(This form is intended for the protection of the children we serve.)

I authorize the CARE House of Oakland County to verify any of the information contained in my volunteer application. I understand that any false information contained in my application may prevent me from being accepted as a volunteer with the CARE House.

I understand that, if I am accepted as a CARE House Volunteer, I will serve at the will of the agency and I shall be bound by the guidelines of the agency, which will be explained to me during my training. I further understand that failure to comply with these same guidelines may result in my dismissal.

I agree that either party may terminate the voluntary relationship, with or without cause, at any time for any reason.

I understand that I will not be rejected for a volunteer position on the basis of race, creed or religion, color, sex, national origin, age, sexual orientation, handicap or other factors, which cannot be lawfully used as the basis for a decision.

I understand that, in order to volunteer, I must successfully complete with signature a Criminal Background Check and Protective Services Central Registry Clearance. I further understand that failure to sign the Background Check Form, and/or failure to successfully pass the Criminal Background Check and Central Registry Clearance will prevent me from filling a volunteer position.

I give CARE House permission to contact the references that I have listed on my Volunteer Application.

I understand that specific questions will be asked of my references and will include, but not be limited to:

- Length of the time the referral has known me
- Capacity in which referral has known me
- Referral's perceptions of my character
- Referral's perception of my ability to handle stress

In signing this form, I agree that the above information has been explained to my satisfaction and I have complete understanding of its meaning. I further understand that a copy of my signed form will be given to me for my reference.

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	
<input type="checkbox"/> I am completing this for myself.		
<input type="checkbox"/> 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 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.

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. 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 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.

County	Address	Phone	Fax
Alcona	410 E. Main St. Harrisville MI 48740	989-724-9000	989-362-6629
Alger	234 W. Baraga Ave, Marquette 49855 (Courthouse Annex)	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	906-353-4700	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
Gd 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	616-248-1059

County	Address	Phone	Fax
Keweenaw	3616 Highway US-41, PO Box 351, Mohawk, MI 49950	906-337-3302	906-337-1131
Lake	5653 S. M-37, Baldwin, MI 49304	231-745-8159	231-745-2930
Lapeer	1505 Suncrest Dr., Lapeer, MI 48446	810-667-0800	810-667-0795
Leelanau	701 S. Elmwood Ste. 19, Traverse City, MI 49684	231-941-3900	231-941-0037
Lenawee	1040 S. Winter St. Ste. 3013, Adrian, MI 49221	517-264-6300	517-264-6357
Livingston	2300 E. Grand River Ste. 1, Howell, MI 48843	517-548-0200	517-548-0298
Luce	500 W. McMillan, Newberry, MI 49868	906-293-5144	906-293-3857
Mackinac	199 Ferry Lane, Saint Ignace, MI 49781	906-643-9550	906-643-7467
Macomb	44777 North Gratiot, Ste A, Clinton Township, MI 48036	586-469-7700	586-346-9888
Macomb	13041 E. 10 Mile Rd. Warren, MI 48089	586-427-0600	586-427-0668
Macomb	41227 Mound Rd. Ste. A, Sterling Heights, MI 48314	586-254-1500	586-254-8029
Manistee	1672 US 31 South, Manistee, MI 49660	231-723-8375	231-398-2106
Marquette	Courthouse Annex, 234 W. Baraga Ave., Marquette, MI 49855	906-228-9691	906-228-3393
Mason	915 Diana St., Ludington, MI 49431	231-845-7391	231-843-1430
Mecosta	800 Water Tower Rd., Big Rapids, MI 49307	231-796-4300	231-796-0799
Menominee	2612 10th St., Menominee, MI 49858	906-863-9965	906-863-7426
Midland	1509 Washington, Ste. A, Midland, MI 48641	989-835-7040	989-835-7597
Missaukee	10641 W. Watergate Rd., Cadillac, MI 49601	231-779-4500	231-779-4507
Monroe	903 S. Telegraph, Ste. A, Monroe, MI 48161	734-243-7200	734-243-1660
Montcalm	609 N. State, PO Box 278, Stanton, MI 48888	989-831-8400	989-831-8496
Montmorency	13210 M-33, Atlanta, MI 49709	989-785-4218	989-785-2302
Muskegon	2700 Baker St., PO Box 4290, Muskegon Heights, MI 49444	231-733-3700	231-733-3872
Newaygo	1018 Newell, PO Box 640, White Cloud, MI 49349	231-689-5500	231-689-5586
Oakland	51111 Woodward Ave., Pontiac, MI 48342	248-975-5700	248-975-5550
Oceana	4081 W. Polk Rd., Hart, MI 49420	231-873-7251	231-873-3803
Ogemaw	444 E. Houghton Ave., West Branch, MI 48661	989-345-5135	989-345-4688
Ontonagon	408 Cooper St., Ste. B, Ontonagon, MI 49953	906-813-7006	906-884-6323
Osceola	800 Water Tower Rd., Big Rapids, MI 49307	231-796-4300	231-796-0799
Oscoda	200 W. Fifth St., Mio, MI 48647	989-826-4000	989-826-3961
Otsego	931 S. Otsego Ave., Gaylord, MI 49735	989-732-1702	989-732-8715
Ottawa	12185 James St. Ste. 200, Holland, MI 49424	616-394-7200	616-395-5526
Presque Isle	164 N. Fourth St., Rogers City, MI 49779	989-734-2108	989-734-2767
Roscommon	715 S. Loxley Rd., Houghton Lake, MI 48629	989-366-2300	989-366-2304
Saginaw	411 E. Genesee, PO Box 5070, Saginaw, MI 48605	989-758-1100	989-758-1485
St. Clair	220 Fort St., Port Huron, MI 48060	810-966-2000	810-966-2025
St. Joseph	692 E. Main St., Centreville, MI 49032	269-467-1200	269-467-1229
Sanilac	515 S. Sandusky Rd., Sandusky, MI 48471	810-648-4420	810-648-4432
Schoolcraft	300 Walnut St., Manistique, MI 49854	906-341-2114	906-341-2110
Shiawassee	1720 E. Main St. Ste. 1, Owosso, MI 48867	989-725-3200	989-725-3308
Tuscola	1365 Cleaver Rd., Caro, MI 48723	989-673-9100	989-673-9209
Van Buren	57150 CR 681, Hartford, MI 49057	269-621-2800	269-621-2927

County	Address	Phone	Fax
Washtenaw	22 Center St., Ypsilanti, MI 48198	734-481-2000	734-481-8386
Wayne North	8625 Greenfield, Detroit MI 48228	313-852-1700	313-852-1891
Wayne South	1801 E. Canfield Detroit, MI 48207	313-578-5500	313-578-5392
Wayne West	27540 Michigan Ave., Inkster, MI 48141	313-931-6385	313-931-6439
All Wayne	Visit www.michigan.gov/mdhhs for all offices		
Wexford	10641 W. Watergate Rd., Cadillac, MI 49601	231-779-4500	231-779-4507
Outstate	PO Box 30037, Ste. 510, Lansing, MI 48909-7537	517-373-6028	517-763-0280