

- I. **<u>PURPOSE:</u>** To establish policy and procedures involving fingerprinting service recipients.
- II. <u>APPLICATION:</u> All programs and services operated by the West Michigan Community Mental Health Governing Body.
- III. **REQUIRED BY:** Act 258, Public Acts of 1974, as amended, being MCL 330.1724, 1752.
- IV. **DEFINITIONS:** Not Applicable.
- V. **<u>POLICY:</u>** It is the policy of the West Michigan Community Mental Health that a service recipient shall not be fingerprinted, nor shall his/her fingerprints be used as a condition for obtaining services from the West Michigan Community Mental Health.
- VI. **PROCEDURES:** Not applicable.
- VII. **SUPPORTING DOCUMENTS:** Not applicable.

VIII. POLICY/PROCEDURE REVIEW:

REV#	APPROVED BY	Policy/Procedure	DATE
1	Unknown		06/2016
1	COC	Annual Review	11/2020
1	COC	Annual Review	01/2022
1	COC	Annual Review	01/2023
1	COC	Annual Review	01/2024
Board Approval Date: 03/19/1996			

IX. CHIEF EXECUTIVE OFFICER ENDORSEMENT:

I have reviewed and approved of policy # <u>5-2-2</u> Revision # <u>1</u>.

CEO: Lisa A. Williams App

Approval Signature: