

AFC-RESIDENT INFORMATION AND IDENTIFICATION RECORD

Michigan Department of Human Services
DIVISION OF ADULT FOSTER CARE LICENSING

Instructions:

1. Please complete all applicable information on form at the time of the resident's admission.
2. Please complete the resident valuables inventory as required on the reverse side of the form

License Number

Name		Social Security	Case Number
Veteran Status and Number (If applicable)			Marital Status
Date of Birth	Sex	Home Address (Street, City, Zip Code)	
Next of Kin/Guardian/Designated Representative (Circle appropriate Title)			Telephone Number
Address (Street, City, Zip Code)			
Placing Agency/Person (Name)			Telephone Number
Address (Street, City, Zip Code)			
Date of Admission		Date of Discharge	
Name of Physician			Telephone Number
Address (Street, City, Zip Code)			
Name of Preferred Hospital			
Address (Street, City, Zip Code)			
Religious Preference			
Insurance Information			
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Burial Provisions			
<p><u>Please list existing arrangements. Minimially, we must have the name of the funeral home that we would need to contact in the event of death.</u></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<small>Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.</small>			<small>Authorized by PA 218, 1979, as amended. Completion is voluntary. However, it is required that resident identifying information be maintained either on this or an equivalent form.</small>

