

REQUEST FOR AFC FORMS AND PUBLICATIONS
Michigan Department Licensing and Regulatory Affairs
Bureau of Community and Health Systems

MAIL REQUEST TO: Michigan Department Licensing and Regulatory Affairs Bureau of Community and Health Systems P.O. Box 30664 Lansing, MI 48909-8164 or FAX to: (517) 284-9709	MAIL FORMS TO: (LICENSEE) <hr/> Name <hr/> Facility <hr/> Address <hr/> City/State/Zip <hr/> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%;">License #</td> <td style="border: none; width: 30%;">Phone #</td> </tr> </table>	License #	Phone #
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NAME OF FORM	FORM #	QUANTITY
Resident Funds and Valuables I	BCAL-2318	INTERNET ONLY
Resident Funds and Valuables II	BCAL-2319	INTERNET ONLY
AFC Resident Care Agreement	BCAL-3266	INTERNET ONLY
Health Care Appraisal	BCAL-3947	INTERNET ONLY
AFC Licensing Division – Incident / Accident Report	BCAL-4607	INTERNET ONLY
Licensing Rules for AFC Family Homes (1 to 6)	BCAL PUB-332	
Licensing Rules for AFC Small Group Homes (1 to 12)	BCAL PUB-333	
Licensing Rules for AFC Large Group Homes (13 to 20)	BCAL PUB-334	
Public Act 218, 1979, as Amended	BCAL PUB-39	

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