

**RESIDENT FUNDS RECORD
PART I**

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

Resident Name	
Facility Name	License Number

INSTRUCTIONS:

- The licensee is to complete Sections A, B, and C for all residents.
- A Resident Funds Part II (BCAL-2319) or approved substitute, must be completed for:
 - All resident payments for adult foster care services as required by R 400.14102(1)(x) and R 400.15102(1)(x)
 - Account(s) managed by the licensee for a resident including:

Personal allowance	Work/workshop checks
Other checks or cash such as gifts	Cash
Interest	Dividends
Stocks, bonds or money market funds	Savings, checking accounts
All other applicable funds	
- The licensee is to keep Resident Funds forms in the resident's record.
- The licensee is to give a copy of the Resident Funds forms to the person(s) responsible for managing the resident's funds.
- The licensee shall not commingle resident funds with licensee's funds.

SECTION A: The person or persons responsible for the resident's funds is (are):

<input type="checkbox"/> Resident		
<input type="checkbox"/> Legal Guardian.....	_____	Name Phone Number
<input type="checkbox"/> Representative Payee.....	_____	Name Phone Number
<input type="checkbox"/> Adult Foster Care Licensee or Designee.....	_____	Name Phone Number
<input type="checkbox"/> Other.....	_____	Name Phone Number

SECTION B: Please indicate below all applicable accounts managed by the licensee or their designee. All transactions regarding these accounts must be recorded on the BCAL-2319. Name the individual managing account: _____

<input type="checkbox"/> Payment for AFC		
<input type="checkbox"/> Cash		
<input type="checkbox"/> Checking Account – Joint Checking.....	_____	Name of Bank Account Number
<input type="checkbox"/> Saving Account – Joint Savings.....	_____	Name of Bank Account Number
<input type="checkbox"/> Other Account.....	_____	Name of Bank Account Number

Signature of Joint Account Holder (1)	Signature of Joint Account Holder (2)
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SECTION C: I certify that I have no ownership interest in the resident's account.

Licensee/Designee Signature	Date
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THANK YOU FOR YOUR COOPERATION

AUTHORITY: 1979 PA 218 COMPLETION: Mandatory CONSEQUENCE: Adult Foster Care Rule Violation	LARA is an equal opportunity employer/program.
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