

AFC-RESIDENT INFORMATION AND IDENTIFICATION RECORD

Michigan Department of Licensing and Regulatory Affairs
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 page 2 of the form.

License Number

Name	Social Security	Case Number	
Veteran Status and Number (If applicable)		Marital Status	
Home Address (Street, City, Zip Code)		Date of Birth	Sex
Next of Kin/Guardian/Designated Representative		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			
Burial Provisions			
LARA is an equal opportunity employer/program.		Authorized by 1979 PA 218. Completion is voluntary. However, it is required that resident identifying information be maintained either on this or an equivalent form.	

