

RESIDENT FUNDS PART II

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
Adult Foster Care and Camp Licensing Division

Resident Name	
Facility Name	License Number
Time Period Covered thru	

This form or an approved substitute is to be used to record all resident care payments for adult foster care services.

INSTRUCTIONS:

Please use a separate BCAL-2319 - Resident Funds - Part II for each savings, checking, or other account. One form may be used to account for cash and for payment of adult foster care services. Please attach additional pages as necessary.

Type of Account

SAVINGS
 CHECKING
 CASH
 PAYMENT FOR ADULT FOSTER CARE SERVICES
 OTHER (Specify)

Date	Reason for Transaction	Resident or Designated Representative Signature	License or Designee Signature	Deposit Amount (+)	Withdrawal Amount (-)	Balance \$	Forwarded

LARA is an equal opportunity employer/program.	AUTHORITY: 1979 PA 218 R 400.14315(3) and R 400.153.15(3) COMPLETION: Mandatory CONSEQUENCE: Adult Foster Care Rule Violation
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