

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	Weight
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)			
Alternate Contact Person			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			Telephone Number
Address (Street, City, Zip Code)			
Religious Preference / Affiliation			
Insurance Information			
Ambulance Preference		Ambulance Insurance	
Burial Provisions / Funeral Home			Elopement Potential? Yes No
Dietary:	Food Allergies	Coffee-Tea-Milk	Food Dislikes
Special Diets:			
Signature			Room #
<small>Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.</small>		Authority: Completion: Penalty:	Act 218, PA 1979 as amended Required Violation of AFC licensing rules 21(3) and 22(1)