

**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 R400.14102(1)(v)(I), R 400.15102(1)(0)(I)
  - 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.....	Heitmanis Law Group PLLC	(586)285-4500
	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)

**SECTION C:** I certify that I have no ownership interest in the resident's account.

Licensee/Designee Signature <i>abigail enaibre</i>	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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