**SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

**INFORMATION/IDENTIFICATION RECORD FOR SIP HOMES**

**Instructions:**

1. Complete all applicable information on form at the time you become responsible for the care of this individual.
2. Complete valuables inventory on the reverse side of form.

|  |  |
| --- | --- |
|  Name: | Case #: |
| Home Name/Address: |
| Social Security #: | Marital Status: | Veteran Status: | Sex: | Date of Birth: |
| Date Moved In: | Date Moved Out: | Medicaid #: | Health Plan: |
| Religious Preference: |
| \_\_\_Next of Kin or \_\_\_Legal Representative: | Phone #: |
| Address: |
| Responsible Agency& Representative: | Phone #: |
| Address: |
| Primary Physician: | Phone #: |
| Address: |
| Preferred Hospital: | Phone #: |
| Address: |
| Consulting Physician: | Phone #: |
| Address: |
|  |  |
|  |
| Insurance Information: |
| Burial Provisions: |

**INFORMATION/IDENTIFICATION RECORD**

INVENTORY OF VALUABLES

|  |  |  |
| --- | --- | --- |
| ITEM | **Date****Received** | **Date**Returned |
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