



IDAHO DEPARTMENT OF HEALTH & WELFARE

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CERTIFIED FAMILY HOME RESIDENT RECORDS FORM

www.cfhw.idaho.gov

This information must be obtained upon admission. It should be kept at the front of a resident's file so that it can be easily accessed. Periodically, the information should be reviewed to be certain it is still current.

Resident Name _____ Date _____

SSN _____ Medicaid Number _____

Permanent Address _____

Date of Admission _____ Date of Birth _____

Marital Status _____ Sex _____ State or Privately Funded _____

Birth Place _____ Religion (Optional) _____

Responsible agent or agency, including guardian if applicable:

Name _____ Telephone _____

Address _____

Contact this person in the event of an emergency or death:

1. Name _____ Telephone _____

Address _____

Relationship _____

2. Name _____ Telephone _____

Address _____

Relationship _____

