

RESIDENT'S PERSONAL POSSESSIONS INVENTORY

Resident _____ Admission Date _____

Date List Completed _____

Quantity	Description (include estimated value)	Quantity	Description (include estimated value)
	Clothing & Shoes		Valuable Items
			Other Personal Effects
	Equipment/Furniture		

NOTES/COMMENTS (Date & Initial Entry)

SIGNATURES:

Personal Possessions Inventory Page 2

Resident _____

ITEMS PURCHASED AFTER ADMISSION

Description (Include value)	Date/Initials	Description (Include value)	Date/Initials

ITEMS LOST, DAMAGED OR REPLACED

Description (Include value)	Date/Initials	Description (Include value)	Date/Initials

NOTES/COMMENTS (Date & Initial Entry)
