

CLIENT PERSONAL POSSESSIONS INVENTORY

Client Name: _____	UCI #: _____
Date of Inventory: _____	Type of Inventory: <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Exit <input type="checkbox"/> Other: _____

CLOTHING ARTICLES							
(this section only to be done at "initial" and/or "exit" inventory)							
Quantity	Item Description		Quantity	Item Description		Quantity	Item Description
	SHIRTS/BLOUSES			UNDERWEAR			PAJAMAS/NIGHTGOWN
	PANTS			BRAS			ROBES
	SHORTS			UNDERSHIRTS			HATS/CAPS
	DRESSES			SWEAT PANTS			SWEATERS
	BELTS			SWEAT SHIRT			COATS/JACKETS
	TENNIS SHOES			LEATHER SHOES			OTHER

OTHER ITEMS					
<p>This section to be filled out at every review of client's inventory. It should list any items of specific value including description, serial numbers, and purchase date (if available) such as jewelry, radios, televisions, electronics, furniture, etc. Staff representative shall initial & date to verify that item is in client's possession at time(s) of review.</p>					
Quantity	Item Description	Serial Number	Purchase Date	Staff Initials	Date

*** I HEREBY ACKNOWLEDGE THE ABOVE INFORMATION ON THE INVENTORY OF PERSONAL POSSESSIONS IS TRUE.**

Facility Representative	Date	Client/Parent/Representative	Date

Revisions/Updates:			
Facility Representative: _____	Date: _____	Facility Representative: _____	Date: _____
Facility Representative: _____	Date: _____	Facility Representative: _____	Date: _____

***THIS CERTIFIES THAT THE ABOVE INDIVIDUAL HAS RECEIVED ALL PERSONAL BELONGINGS NOTED ABOVE UPON LEAVING RESIDENCE.**

Facility Representative	Date	Client/Parent/Representative	Date
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