

Reach Beyond

**Record of Client Items**

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| --- | --- | --- | --- | --- | --- |
| **Item** | **Date Received** | **Client Signature** | **Date Returned** | **Client Signature** | **Supervisor’s**  **Signature** |
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By signing below, I acknowledge that, upon discharge, I have received all of my items from Reach Beyond and they are no longer in possession of any item that is considered my personal property:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date) (Signature of Defendant/Patient/Client)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Staff Witness) (Signature of Parent, Guardian, or Authorized Representative if Required)