

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					
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.					
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