



AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)

**Adult Family Home Resident Personal Belongings Inventory**

WAC 388-76-10320

**Instructions:** Provider or Resident Manager completes upon admission. The Provider/Resident Manager and the resident or the resident's guardian or agent sign. File in the resident's record. Records and information concerning each person in care shall be maintained in such a manner as to preserve confidentiality.

RESIDENT'S NAME	NAME OF RESIDENT'S GUARDIAN	DATE OF ADMISSION
CONTACT LENSES	DENTURES	
EYE GLASSES	HEARING AID	
JEWELRY	WATCH	
MONEY/CHECKBOOK/CREDIT CARDS	OTHER	
CLOTHING LIST		
NUMBER	ITEM	DESCRIPTION
	Bathrobe	
	Belt	
	Blouse	
	Brassiere	
	Coat	
	Dress	
	Girdle	
	Gloves	
	Handkerchief	
	Hat	
	House coat	
	Necktie	
	Nightgown	
	Pajamas	
	Pants	
	Shirts	
	Shoes	
	Skirts	
	Slippers	
	Slips	
	Socks	
	Stockings	
	Suit	
	Suspenders	
	Sweater	
	Undershirt	
	Underpants	
	Underwear - long	
	Vests	
	Other:	
MISCELLANEOUS		
NUMBER	ITEM	DESCRIPTION
	Brush	
	Cane or crutches	
	Clock	
	Luggage	
	Radio	
	Television (model and serial number)	
	Walker	
	Wheelchair (model and serial number)	
	Other:	

**Statement: I have read and agree that this is an accurate list of my belongings.**

PROVIDER'S/RESIDENT MANAGER'S SIGNATURE	DATE	RESIDENT'S OR GUARDIAN'S SIGNATURE	DATE
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