



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
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