

CLIENT PERSONAL POSSESSIONS INVENTORY

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Client Name:					UCI#:				
Date of Inventory:		Ту	pe of Inventory:	□ Initial	☐ Annua	al 🗆 Exit	☐ Other:		
	(1	this s	CLOTH section only to be do	HING ARTICL ne at "initial" ar		" inventory)			
Quantity	Item Description		Quantity Item	Description		Quantity	Item Descript	ion	
	SHIRTS/BLOUSES		UND	ERWEAR			PAJAMAS/NIC	SHTGOWN	
	PANTS		BRA	S			ROBES		
	SHORTS	RTS		ERSHIRTS			HATS/CAPS	HATS/CAPS	
	DRESSES		SWE	EAT PANTS			SWEATERS		
	BELTS		SWE	EAT SHIRT			COATS/JACK	ETS	
1	TENNIS SHOES		LEA ⁻	THER SHOE	S		OTHER		
descri	nis section to be filled out ption, serial numbers, and Staff representative	d pui	chase date (if availa initial & date to verif	able) such as je fy that item is ir	welry, rad n client's p	ios, televisions ossession at t	s, electronics, furr ime(s) of review.	niture, etc.	
Quantity	Item Description		Se	rial Number	Pui	rchase Date	Staff Initial	ls Date	
	ACKNOWLEDGE THE	ABO	OVE INFORMATION				L POSSESSION	S IS TRUE.	
Facility Representative			Date	Client/Parent/Representative			Date		
Revisions	**************************************	****	*******	******	*****	******	********	******	
Facility Representative:		Date:		Facility Representative:					
Facility Representative:		Date:		Facility Representative:			Date:		
	RTIFIES THAT THE ABO AVING RESIDENCE.		NDIVIDUAL HAS R						
Facility Representative		D	ate Client/Parent/Representative				Date		