



# 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
---	------	------------------------------------	------