

**ADULT FAMILY HOME RESIDENT
PERSONAL BELONGINGS INVENTORY**

Resident's Name	POA	Date of admission
Contact Lenses	Dentures	
Eye Glasses	Hearing Aid	
Jewelry	Watch	
Money/ checkbook/ Credit card	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	
	Stocking	
	Suit	
	Suspenders	
	Sweater	
	Undershirt	
	Underpants	

	Underwear- long	
	Vest	
	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 Signature	Date	POA Signature	Date
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