

Adult Foster Home  
Resident Personal Possessions

Resident name: \_\_\_\_\_ Date of admission: \_\_\_\_\_

<b>Clothing description</b>	<b>Number of items</b>	<b>Date added</b>	<b>Date removed</b>	<b>Date lost</b>
<b>Equipment or furniture (e.g.; cane, wheelchair, walker)</b>	<b>Number of items</b>	<b>Date added</b>	<b>Date removed</b>	<b>Date lost</b>
<b>Other (e.g.; glasses, dentures, hearing aids)</b>	<b>Number of items</b>	<b>Date added</b>	<b>Date removed</b>	<b>Date lost</b>

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client or legal representative signature: \_\_\_\_\_ Date: \_\_\_\_\_