

Personal Belongings Inventory

Resident Name: _____

Date: _____

<u>CLOTHING & ACCESSORIES</u>	<u>LIMIT</u>	<u>INVENTORIED</u>
Pants	4	
Shirts	5	
Shorts / Capris	3	
Sweatshirt / Hooded Sweatshirt	2	
Robe / Sleepwear (pants & Shirt)	1 each	
Underwear bottoms	5	
Undershirts (white shirts / tank tops)	5	
Bras	3	
Socks	5	
Shoes / Boots / Sandals	3 pair	
Slippers	1 pair	
Belts	1	
Seasonal Coat	1	
Hat (Beanie, Winter, etc.) NO CAPS	1	
Do Rag	1	
Gloves	1 pair	

<u>HYGIENE / PERSONAL CARE</u>	<u>LIMIT</u>	<u>INVENTORIED</u>
Toothbrush	1	
Toothpaste	1	
Toothbrush holder	1	
Soap holder	1	
Dental Floss	1	
Deodorant (stick only)	1	
Bar Soap or Body Wash	3 / 1	
Shampoo	1	
Conditioner	1	
Lotion	1	
Hair Products (Gel, Grease, etc.)	2F / 1M	
Petroleum Jelly	1	
Q-tips	1 box	
Brush	1	
Comb	1	
Pick (plastic only)	1	
Blow Dryer	1	
Curling Iron	1	
Flat Iron	1	
Feminine Hygiene Products	1	
Manual Razors	5	
Electric Razor	1	
Hair Clipper and Guards	1	
Finger Nail Clippers	1	
Toe Nail Clippers	1	
Nail File	1	
Tweezers	1	
Shower Shoes	1 pair	
Makeup Items	5	
Shaving Cream (No aerosol)	1	
Chapstick / Lip Balm	1	

<u>MISCELLANEOUS</u>	<u>LIMIT</u>	<u>INVENTORIED</u>
Laundry Soap - (pods only / no bleach)	1 pkg	
Dryer Sheets	1 box	
Photographs	5	
Reading Material (Books, Magazines, etc.)	5	
Purse (no larger than 4" x 7") / Wallet	1	
Clear Plastic Cup (Up to 24 ounces)	1	
Plastic Bowl (Up to 24 ounces)	1	
Plastic Spoon	3	
Money		
Jewelry - watch	1	
Jewelry - Earring	1	
Jewelry - chain	1	
Jewelry - ring	1	
Jewelry - bracelet	1	
Cigarettes - Unopened Packs (Commercial)	1 Carton	
Hairties (no bobby pins, clips or headbands)	5	

<u>Additional Notes (Medication, Phone Card, etc.)</u>	
<i>Item(s) added to the Personal Property Inventory</i>	Staff Initials

- *NO powder of any kind and absolutely no face wash
- *All jewelry items' value cannot exceed \$50.
- *Items not listed above will NOT be allowed in to the facility.
- *Aerosol items and items in glass containers are NOT allowed.
- *Money will deposited into the resident's account, and will be available the next bank day.
- *Medication will be given to the Senior Case Manager for approval, prior to the resident receiving it.
- **Please DO NOT bring in phone cards from outside sources as they will NOT work with our phone system.

I certify that the list above reflects the items I have dropped off.

Print _____ Date _____ Time _____

I certify that the items listed above are the items received by this staff.

Print _____ Date _____ Time _____

I certify that the items listed above are the items received by me.

Print _____ Date _____ Time _____