

Children's HOPE

Foster Family Agency

"Making a difference, one child at a time!"

Initial Personal Property Inventory

Client: _____

Inventory Date: _____

Resource Parent: _____

Placement Date: _____


| Item | Quantity | Description | Condition | Quantity Discarded |
|--------------------------------------|----------|-------------|-----------|--------------------|
| Shirt/blouse/tank top | | | | |
| Coat/jacket/sweater/hoodie | | | | |
| Pants/jeans/shorts | | | | |
| Dress/skirt | | | | |
| Sleepwear | | | | |
| Underclothes (socks, underwear, bra) | | | | |
| Shoes | | | | |
| Blanket | | | | |
| Diapers | | | | |
| Bottles | | | | |
| Toys | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Medication | | | | |
| | | | | |
| | | | | |
| Other | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Signature of Resource Parent

Date

Signature of Client
(REQUIRED if able to sign name)

Date

Mailing Address
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