

PERSONAL ITEMS INVENTORY

Individual's Name: _____ Address _____

<u>NAME OF ITEMS</u>	<u>QUANTITY</u>	<u>NAME OF ITEMS</u>	<u>QUANTITY</u>
<u>FURNITURE</u>		<u>CLOTHING</u>	
Bed	_____	Short pants	_____
Chair	_____	Long pants	_____
Drawer	_____	Shirts (half sleeves)	_____
Lamp stand	_____	Shirts (long sleeves)	_____
TV	_____	Jackets	_____
_____	_____	Pajama pants	_____
_____	_____	Pajama shirts	_____
<u>LINENS</u>	_____	Tops	_____
Pillows	_____	Sweaters	_____
Pillow Covers	_____	Dresses	_____
Bed Sheets	_____	_____	_____
Comforters	_____	_____	_____
Curtains	_____	_____	_____
_____	_____	_____	_____
<u>UNDERGARMENTS</u>	_____	<u>MISCELLANEOUS</u>	_____
Bras	_____	Basket for dirty clothes	_____
Panties	_____	Wheel Chair	_____
Boxer pants	_____	Towels	_____
T shirts (sleeveless)	_____	Neck Ties	_____
_____	_____	Socks	_____
_____	_____	School Bag	_____
<u>ELECTRONIC</u>	_____	Shoes	_____
Alarm/Radio	_____	Mattress	_____
Boom box	_____	Toys	_____
Television	_____	Lunch box	_____
CD Player	_____	Electric shaver	_____
DVD/ Player	_____	Phone/Cell	_____
CD's	_____	_____	_____
DVD'S	_____	_____	_____
_____	_____	_____	_____
<u>OTHER ITEMS:</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Staff _____
Date Taken