

Personal Inventory

To be completed upon move in/ out, annually, and when larger/ expensive items are added/ deleted.

Name of Individual: _____ Date: _____ Completed By Signature: _____

Medical Equipment (hearing aides,	Quantity	Condition	Needs Replaced?

Clothing Items	Quantity	Condition	Needs Replaced?
Shirts			
Pants			
Skirts			
Dresses			
Coat/ Jacket			
Socks			
Underwear			
Shoes			
Hats			
Gloves/ Mittens			
Scarves			

Misc. Items	Quantity	Description
Photo Albums		
Games		
Collectibles		
CDs		
DVDs		
Hair Dryer		
Curling Iron		
Video Games		

Furniture Items	Quantity	Condition	Needs Replaced?	Description- include color & size
Bed				
Dresser				
Nightstand				
Mattress				
Box Springs				
Chair				
Lamps				
Desk				
Mirror				
Pictures				

Electronic	Model #	Serial #	Description
TV			
DVD Player			
Computer			
Radio			
Watch			
Printer			
Video Game			
Electric Toothbrush			
Electric Razor			
Camera			
Ipod/ MP3 player			

Guardian Signature _____ Date _____

Residential Director Signature _____ Date _____