## **Personal Inventory**

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

Name of Individual	•			Date	con	ilpieted by 3	ignature		
Medical Equipment (hearing aides,	Quantity	Condition	Needs Replaced?		Furniture Items	Quantity	Condition	Needs Replaced?	Description- include colo & size
, ,	<u> </u>				Bed	<b></b>			
					Dresser				
					Nightstand				
					Mattress				
	<u> </u>	•			Box Springs				
Clothing Items	Quantity	Condition	Needs Replace	ed?	Chair				
Shirts					Lamps				
Pants					Desk				
Skirts					Mirror				
Dresses					Pictures				
Coat/Jacket									
Socks									
Underwear									
Shoes									
Hats									
Gloves/ Mittens									
Scarves									
					Electronic	Model #	Serial #		Description
					TV				
					DVD Player				
Misc. Items	Quantity	Description			Computer				
Photo Albums					Radio				
Games					Watch				
Collectibles					Printer				
CDs					Video Game				
DVDs					Electric Toothbrush				
Hair Dryer					Electric Razor				
Curling Iron					Camera				
Video Games					Ipod/ MP3 player				
Guardian Signature			 Date		Residential Director	· Signaturo		Date	