**CLOTHING AND BELONGINGS INVENTORY FORM**

**Client Name**:

**Date Completed**: **Initial**: **Follow-up**: **Discharge**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Essential Items:** | **# of Items** **Child Owns** | **# of Items****Requested** | **Miscellaneous Items of Child:** | **# of Items Child Owns** | **Additional Description (ex: condition of item, etc)** |
| Underwear |  |  | Personal Stereo |  |  |
| Bras |  |  | Head Phones |  |  |
| Slips |  |  | Pillow(s) |  |  |
| Socks |  |  | Blanket(s) |  |  |
| Pajamas |  |  | Toys: |  |  |
| Robe(s) |  |  |  Action Figures |  |  |
| Short Sleeve Shirts |  |  |  Balls |  |  |
| Tank Tops |  |  | Other- |  |  |
| T-Shirts |  |  | Other- |  |  |
| Long Sleeve Shirts |  |  | Other- |  |  |
| Sweatshirts |  |  | Other- |  |  |
| Sweaters |  |  | Other- |  |  |
| Shorts |  |  |  |  |  |
| Slacks |  |  |  |  |  |
| Jeans |  |  |  |  |  |
| Capris |  |  |  |  |  |
| Lightweight Jacket |  |  |  |  |  |
| Winter Jacket/ Coat |  |  |  |  |  |
| Skirts |  |  |  |  |  |
| Dresses |  |  |  |  |  |
| Shoes |  |  |  |  |  |
| Sandals |  |  |  |  |  |
| Boots |  |  |  |  |  |
| Hats |  |  |  |  |  |
| Gloves |  |  |  |  |  |
| Belt(s) |  |  |  |  |  |
| Luggage, tote, duffel bag, etc. |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |
| Other: |  |  |  |  |  |

Therapeutic Support Specialist Signature: Date:

Foster Parent Signature: Date: