INVENTORY OF PERSONAL EFFECTS

INSTRUCTIONS: Upon admission, identify the resident's personal belongings by indicating quantity of those items listed. Use the space allowed to write in additional items as necessary. The original copy shall be kept in the resident's chart. The copy is given to the resident or resident representative. Update as necessary throughout the resident's stay by using the space provided. Upon discharge, use the "\" columns to indicate that all personal belongings are accounted for.

QTY.	ARTICLES	1	ITEMS OF SPECIFIC VALUE (JEWELRY, APPLIANCES, FURNITURE)						
QII.	ARTICLES	-	QTY		DESCRIPTION		VALU	JE	1
1	Belts			Television	4.		\$		
1	Blouses	W.		Radio/cas	sette player/headsets				
The state of the s	Coats			Chair	the property of the same of th				
1/1	Dresses	450		Dresser	The second secon	1	1		
1	Gloves			Pictures					
1 11	Handkerchiefs			Comforter	/quilt/afghan			-	888
MAL	Hats	-	1	Clock					V
	Housecoats/robes		Mary Control	Wallet/pur	se				
上一個	Jackets 771 24			Rings				-	
Udal	Nightgowns/pajamas	V		Watches		THE PERSON OF			
	Purses			Electric ra	zor			- August	
1 1	Shaving kit		4	lamp	Rhade Ruale		9	7	V
Mill	Shoes Landoll.	/							
17 %/	Shorts							1	
	Slacks				ITEMS ACQUIRED AFTER (ORIGINAL ENTRY			
1-1	Slippers	~	DA	ΓE	ITEM	HOW REC	EIVED	NITIAL	1
7363	Slips COLL OF		1.35		*				
Lati	Shifts								
	Suitcases					-	The same of		
	Suits		T		I The second sec			8/1	
117	Suspenders					*			
The late	Sweaters					7 - 3		1	
1	Ties								
11/1	Undershirts					12-3-35		1	
1/1	Rucan parts 9			119	E THIS SPACE TO RECORD MISO	CELL ANEOUS INFOR	MATION		
14	hereat there's			03	(i.e. LOST, STOLEN, RETURNED	/GIVEN TO FAMILY, E	TC.)		
Carlow War	Hearing aid: □ Rt □ Lt		DAT	TE I	DESCRIPTION / EXP			NITIAL	1
	Dentures:		7/16/		VIVI BUIL GLEATS.	÷ c		Tex	1
11-	Eyewear que dass	/	-1/2/			Edward Com	24	41	V
1	Cane	~	1131	13 1111	use - Multicolor	grieige - mi	2-01		
51	Walker			13/6			ZIIIh	~	
771	Wheelchair				3 parts of hay plu	a 1001-15-	- Curry	-	
	Brace						4		
1	Prosthesis			1					
	1100110313			1		-			
3				1					-
			0	ERTIFICA	TION OF RECEIPT				
ON ADMISSION ON DISCHARGE									
ON ADMISSION ON DISCHARGE									
-	VI Jarii Joan #	1)	W	W	VIVIAL.O	and Him	erai /		
Signed	Resident or resident representative	N	1	Date	Signed Resident or resident represe	entative	no	Date	-
	Quell Cov	2	1	20	12 / // //A		717	Duto	
Signed Facility representative Title Date Signed Facility representative Title Date									-
If resident unable to sign, state reason: If resident unable to sign, state reason:									\dashv
-	7								
1									
400	- 1								
Signed	Witness			Date	Signed	4	i i	Data	_
L'AME L			N. 4:			I D	D (D)	Date	
								n	
1	Darvin Mary				Freund		102	n	