



**RESIDENT PERSONAL POSSESSIONS INVENTORY**  
May be completed by the Family/Resident

Resident \_\_\_\_\_ Room # \_\_\_\_\_

Date List Completed \_\_\_\_\_

Quantity	<b>CLOTHING &amp; SHOES</b> Description	Quantity	<b>VALUABLE ITEMS</b> Description (Incl. Est. Value)

Quantity	<b>EQUIPMENT/FURNITURE</b> ( Walker, Cane, Wheelchair)	Quantity	<b>OTHER PERSONAL ITEMS</b> (Glasses, Dentures, Etc.)

**SIGNATURES:**

Resident/Legal Representative/Witness \_\_\_\_\_ Date \_\_\_\_\_

Staff Member Completing this Form \_\_\_\_\_ Date \_\_\_\_\_