

## Adult Foster Home Resident Personal Possessions

Resident name:	Date of admission:
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Clothing description	No. of items	Date added	Date removed	Date lost
Equipment/furniture <i>(e.g.; cane, wheelchair, walker)</i>	No. of items	Date added	Date removed	Date lost
Other <i>(e.g.; glasses, dentures, hearing aids)</i>	No. of items	Date added	Date removed	Date lost

Provider signature	Date	Client/legal representative signature	Date
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