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|  |  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) **Adult Family Home Resident Personal Belongings Inventory** WAC 388-76-10320 |
| **Instructions:** Provider or Resident Manager completes upon admission. The Provider/Resident Manager and the resident or the resident’s guardian or agent sign. File in the resident’s record. Records and information concerning each person in care shall be maintained in such a manner as to preserve confidentiality. |
| RESIDENT’S NAME | NAME OF RESIDENT’S GUARDIAN | DATE OF ADMISSION |
| CONTACT LENSES | DENTURES |
| EYE GLASSES | HEARING AID |
| JEWELRY | WATCH |
| MONEY/CHECKBOOK/CREDIT CARDS | OTHER |
| CLOTHING LIST |
| NUMBER | ITEM | DESCRIPTION |
|  | Bathrobe |  |
|  | Belt |  |
|  | Blouse |  |
|  | Brassiere |  |
|  | Coat |  |
|  | Dress |  |
|  | Girdle |  |
|  | Gloves |  |
|  | Handkerchief |  |
|  | Hat |  |
|  | House coat |  |
|  | Necktie |  |
|  | Nightgown |  |
|  | Pajamas |  |
|  | Pants |  |
|  | Shirts |  |
|  | Shoes |  |
|  | Skirts |  |
|  | Slippers |  |
|  | Slips |  |
|  | Socks |  |
|  | Stockings |  |
|  | Suit |  |
|  | Suspenders |  |
|  | Sweater |  |
|  | Undershirt |  |
|  | Underpants |  |
|  | Underwear - long |  |
|  | Vests |  |
|  | Other:  |  |
| MISCELLANEOUS |
| NUMBER | ITEM | DESCRIPTION |
|  | Brush |  |
|  | Cane or crutches |  |
|  | Clock |  |
|  | Luggage |  |
|  | Radio |  |
|  | Television (model and serial number) |  |
|  | Walker |  |
|  | Wheelchair (model and serial number) |  |
|  | Other:  |  |
| **Statement: I have read and agree that this is an accurate list of my belongings.** |
| PROVIDER’S/RESIDENT MANAGER’S SIGNATURE | DATE | RESIDENT’S OR GUARDIAN’S SIGNATURE | DATE |