



YOUTH AND FAMILY SERVICES

PERSONAL BELONGINGS INVENTORY

Youth's Name: _____

Clothing Items

Clothing Item	Required Minimum	Requirement Met	Current Number	Released at Discharge
Socks	7 pairs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Underwear	7 pairs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pants	5 pairs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Shirts	5	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Seasonal Coat	1	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Bras (girls)	3	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Shoes	2 pairs	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Miscellaneous Clothing

Item/Description (such as boots, swimsuits, purse/wallet, hat, mittens)	Current Number	Released at Discharge

Medication and Breakables

Item/Description (medication, toxic or breakable items)	Current Number	Released at Discharge

Personal Possessions

Item/Description (stereos, mp3 player, DVD, CD, bike, toys, etc.)	Current Number	Released at Discharge

Storage Items

Item/Description (suitcase, bags, boxes, sacks, packaging, etc.)	Current Number	Released at Discharge

Signature of Youth

____/____/____
Date

Signature of TFC Parent

____/____/____
Date

Release of Personal Items

Signature of Youth

____/____/____
Date

Signature of TFC Parent

____/____/____
Date