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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 |