

RESIDENT NAME:	NAME OF RESIDENT'S GUARDIAN	DATE OF ADMISSION
CONTACT LENSES	YES <input type="checkbox"/> NO <input type="checkbox"/>	EYE GLASSES
DENTURES	YES <input type="checkbox"/> NO <input type="checkbox"/>	HEARING AID
WATCH	YES <input type="checkbox"/> NO <input type="checkbox"/>	MONEY/CHECKBOOK/CREDIT CARDS
JEWELRY	OTHER	

CLOTHING LIST

NO.	ITEM	DESCRIPTION	NO.	ITEM	DESCRIPTION
	Bathrobe			Slippers	
	Belt			Slips	
	Blouse			Socks	
	Brassiere			Stockings	
	Coat			Suit	
	Dress			Suspenders	
	Girdle			Sweater	
	Gloves			Undershirt	
	Handkerchief			Underpants	
	Hat			Underwear-long	
	House coat			Vests	
	Necktie			Other:	
	Nightgown				
	Pajamas				
	Pants				
	Shirts				
	Shoes				
	Skirts				

MISCELLANEOUS

NO.	ITEM	DESCRIPTION	NO.	ITEM	DESCRIPTION
	Brush			Television (Ser. No.)	
	Cane or Crutches			Walker	
	Clock			Wheelchair (Ser. No.)	
	Luggage			Other	
	Radio				

STATEMENT: I have read and agree that this is accurate list of my belongings.

PROVIDER SIGNATURE	DATE	RESIDENT OR GUARDIAN SIGNATURE	DATE
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