

## Personal Belongings Inventory

Child's Name: \_\_\_\_\_ Date of Placement: \_\_\_\_\_

Foster Family Name: \_\_\_\_\_ Date of Inventory: \_\_\_\_\_

Purpose:  Initial Placement Inventory  Quarterly Inventory  
*(Please circle.)*

Does the child have:

- |                                      |                              |                             |
|--------------------------------------|------------------------------|-----------------------------|
| Appropriate indoor/outdoor clothing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Appropriate seasonal shoes?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Appropriate seasonal coat?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the clothing fit appropriately? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the clothing in good condition?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If no, please explain. \_\_\_\_\_  
 \_\_\_\_\_

Are there any items the child needs?  Yes  No  
 If yes, what items? \_\_\_\_\_

Please list all articles that the child came with (for initial placement inventory)  
 or that were purchased this quarter (for quarterly inventory):

Pants	Shirts	Shorts	Coats/Jackets	Videos/Books
Undergarments	Socks/Shoes	Toys	Jewelry	CD's/Other

Inventory completed by: \_\_\_\_\_

Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Foster Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NVFS Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_