

Client Name:	Destiny Management Personal Items Inventory
Record #:	

To be completed in Residential Supports programs.

ITEM	DATE	QUANTITY	COMMENTS
Awards			
Bracelets			
Brushes (Clothes)			
Brushes (Hair)			
Books			
Cameras			
Clocks			
Combs			
Curlers			
Curling Iron			
Dolls			
DVD (s)			
DVD Player			
Earrings			
Electric Shaver			
Figurines			
Flash Light			
Furniture			
Games			
Glasses			
Hairdryer			
Hearing Aid			
Lock Box (Jewelry)			
Luggage			
Necklaces			
Photo Album			
Pictures			
Posters			
Radio			
Rings			
CD (s)			
CD Player			
Refrigerator			
Stereo/Speakers			
Stuffed Animals			
Toothbrush			
TV Set			
VCR			
VCR Tapes			
Walker			
Watches			
Wheelchair			
Other:			

List additional items on back if needed.

Client/Legally Responsible Person

Date

Staff Signature

Date

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Disposal of Personal Items

<p>Notes:</p> <ol style="list-style-type: none"> 1. When it becomes necessary to dispose of personal items, the LRP should give their consent and provide direction for disposal. 2. A verbal consent can be obtained initially; however, written consent should be obtained as soon as possible from the LRP. 3. List the item and number disposing of - e.g. 2 games.
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I have agreed to the disposal of the following items: _____

These items may be given to: _____

Signature of Legally Responsible Person: _____ Date: _____

I have agreed to the disposal of the following items: _____

These items may be given to: _____

Signature of Legally Responsible Person: _____ Date: _____

I have agreed to the disposal of the following items: _____

These items may be given to: _____

Signature of Legally Responsible Person: _____ Date: _____