

Adult Care Facility Inventory of Resident Property

FACILITY NAME: \_\_\_\_\_

OPERATING CERTIFICATE NUMBER: \_\_\_\_\_

			RESIDENT NAME	INVENTORY DATE	DATE RETURNED TO RESIDENT	RESIDENT INITIALS
ITEM	QUANTITY	ESTIMATED \$ VALUE (if known)	DESCRIPTION			
RESIDENT SIGNATURE		DATE	AUTHORIZED FACILITY REPRESENTATIVE SIGNATURE	DATE		
X			X			