

RESIDENT PERSONAL POSSESSIONS INVENTORY RECORD

MCAR 023-080-325: At the time of admission, the Operator shall list the resident possessions brought into the home.

Resident Name: _____

Admission Date: _____ Date List Completed: _____

Quantity	CLOTHING & SHOES Description	Quantity	VALUABLE ITEMS Description (Incl. Est. Value)

	EQUIPMENT/FURNITURE (Walker, Cane, Wheelchair)		OTHER PERSONAL ITEMS (Glasses, Dentures, Etc.)

SIGNATURES:

Resident/Legal Representative:

Operator:

Date:

Date:

ITEMS PURCHASED AFTER ADMISSION

Date & Initials	Description (Incl. Est. Value)	Date & Initials	Description (Incl. Est. Value)

ITEMS LOST, DAMAGED, REPLACED, OR REMOVED.

Item	Circumstance	Date/Initial

NOTES/COMMENTS (DATE AND INITIAL ENTRIES).
