Agape Manor Home Child Placing Agency

Child Personal Belonging Inventory

(This form must be completed upon admission and discharge)

Child: _____ Agency Home: _____

Children have rights to their personal belongings when they leave a placement. Please make sure that a child arrives and leaves your home with all of their possessions. Use the following list to inventory each child's belongings.

Belongings at Placement **Date:**	**Belongings at Discharge** ☐ **CPS Initiated** ☐ **Agency Initiated** ☐ **Other** **Date:**
☐ Medications	☐ Medications
☐ Medicaid Card	☐ Medicaid Card
☐ Educational Portfolio (report cards, transcripts, ARD notes, IEP notes, school withdrawal, etc.)	☐ Educational Portfolio (report cards, transcripts, ARD notes, IEP notes, school withdrawal, etc.)
☐ Current Treatment Plan/Evaluations	☐ Current Treatment Plan/Evaluations
☐ Life Book	☐ Life Book
☐ Other _____	☐ Other _____
Clothing and Other Items	**Clothing and Other Items**
☐ Shirts _____	☐ Shirts _____
☐ Jeans _____	☐ Jeans _____
☐ Slacks _____	☐ Slacks _____
☐ Pair of Dress Shoes _____	☐ Pair of Dress Shoes _____
☐ Pair of Athletic Shoes _____	☐ Pair of Athletic Shoes _____
☐ Coats _____	☐ Coats _____
☐ Jackets _____	☐ Jackets _____
☐ Sleepwear _____	☐ Sleepwear _____
☐ Underwear _____	☐ Underwear _____
☐ Suit Coat _____	☐ Suit Coat _____
☐ Toys, stuffed animals, books _____	☐ Toys, stuffed animals, books _____
☐ Bikes, skates, scooters _____	☐ Bikes, skates, scooters _____
☐ Electronics _____	☐ Electronics _____
☐ Television _____	☐ Television _____
☐ DVD/VCR _____	☐ DVD/VCR _____
☐ Game Systems _____	☐ Game Systems _____
☐ Game System Games _____	☐ Game System Games _____
☐ Suitcase _____	☐ Suitcase _____
☐ Backpack _____	☐ Backpack _____
☐ Other _____	☐ Other _____
Other items or comments (use back if more space is needed): _____ _____ _____ _____	**Other items or comments (use back if more space is needed):** _____ _____ _____ _____
_____ **Foster Parent Signature** **Date** _____ **AMH Agency Representative Signature** **Date** _____ **Child Signature** **Date** _____ **CPS Caseworker Signature** **Date**	_____ **Foster Parent Signature** **Date** _____ **AMH Agency Representative Signature** **Date** _____ **Child Signature** **Date** _____ **CPS Caseworker Signature** **Date**