



Member's Name: _____ Move-in Date: _____ Page 1 of 2
 Provider's Name: _____ Inventory Date: _____
 Inventory Completed by: _____

Instructions: Enter the quantity of each item listed and if the member does not own this item, write in N/A.
 For items the member owns that are not listed, please write them out in the MISC section.

Item	Qty	Condition (New, Good, Worn)	Item	Qty	Condition (New, Good, Worn)	Item	Qty	Condition (New, Good, Worn)
CLOTHING:			HOME FURNISHINGS			HOUSEHOLD GOODS		
Shirts / Tees / Blouses			Mattress / Box spring:			Comforters / Quilts		
Tank tops			Bed Frame:			Sheets / Pillowcases		
Long Sleeve Shirts			Head / Foot Board:			Pillows		
Sweaters			Nightstand:			Blankets		
Coats / Jackets			Dresser:			Protective Bedding		
Dresses			Armoire / Chest / Cabinet			Towels (Bath & Swim)		
Jeans / Pants / Slacks			Bookshelf:			Wash clothes		
Shorts			Easy Chair / Recliner:			Hand towels		
Pajamas			Desk / Computer Table:			Other:		
Underwear			Chairs:			Other:		
Size:			Table & Floor Lamps:			Other:		
Socks			Wall Hangings:			Other:		
Bras			Mirrors:			Other:		
Swimsuits			Other:			Other:		
Shoes/Sneakers/Boots			Other:			Other:		
Sandals/Flip-flops/Slippers			Other:			Other:		
Other:			Other:			Other:		

Member's Name: _____ Provider's Name: _____ Inventory Date: _____

Item	Qty	Condition (New, Good, Worn)	Item	Qty	Condition (New, Good, Worn)	Item	Qty	Condition (New, Good, Worn)
PERSONAL BELONGINGS:			ASSISTIVE & SAFETY DEVICES			MISCELLANEOUS - continued		
Cell Phone:			Wheelchair:					
TV:			Walker:					
DVD / VHS Player:			Cane:					
Computer (desktop/laptop):			Bed Rails:					
Printer:			Other:					
DVDs / VHS Movies:			Other:					
Music CDs:			MISCELLANEOUS					
			Item description:					
IPOD/MP3								
Radio / Walkman								
IPAD/Tablet:								
Gaming System(s):								
Camera								
Jewelry:								
Photos / Albums:								
Other:								
Other:								
Other:								

Email to FamilyTouchReporting@gmail.com