

## Youth Personal Inventory

DATE OF COMPLETION	

FOSTER YOUTH	FOSTER PARENT	FOSTER CARE SPECIALIST

TYPE OF INVENTORY:
<input type="checkbox"/> <b>Initial:</b> (Within 72 hours of a youth being in your care)
<input type="checkbox"/> <b>Update:</b> (Every six months starting from Date of Placement)
<input type="checkbox"/> <b>Discharge:</b> (The day the youth discharges from your care)

Inventory			
Items	Number of Items	Items	Number of Items
Tops		Pajamas	
Sweatshirts		Socks	
Dresses		Underwear	
Skirts		Bras	
Jeans		Swimsuits	
Pants		Jacket/Coats	
Shorts		Shoes	
List Any Medical Items: (Include Medication at Intake)			
List Any Additional Items: (ex: electronics, comfort items, leisure items)			

Foster Parent Printed Name	Foster Parent Signature

Youth Printed Name	Youth Signature

