

## 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			
<b>RESIDENT SIGNATURE</b>		<b>DATE</b>	<b>AUTHORIZED FACILITY REPRESENTATIVE SIGNATURE</b>	<b>DATE</b>		
X			X			