## INVENTORY OF PERSONAL ITEMS

State Form 54315 (7-10)
DEPARTMENT OF CHILD SERVICES

Completed by:
Date (month, day, year)

| ENTERING SUBSTITUTE CARE |  | LEAVING SUBSTITUTE CARE |  |
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| Item Name / Description | Size / Specifications | Item Name / Description | Size / Specifications |
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| Items Needed / Unable to Obtain (Comments below) | Size / Specifications | Items Needed / Unable to Obtain (Comments below) | Size / Specifications |
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| Name of child | Date of return / placement (month, day, year) |
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| Signature of resource parent | Printed name of resource parent |
| Signature of family case manager | Printed name of family case manager |

