

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		
Item Name / Description	Size / Specifications	Item Name / Description	Size / Specifications	
Items Needed / Unable to Obtain		Items Needed / Unable to Obtain		
(Comments below)	Size / Specifications	(Comments below)	Size / Specifications	
Comments				
Name of child			ant (month day year)	

Name of child	Date of return / placement (month, day, year)	
Signature of resource parent	Printed name of resource parent	
Signature of family case manager	Printed name of family case manager	