Inventory of Personal Effects

Instructions: Upon admission, please identify the resident's personal belongings by indicating quantity and value of the items listed. Use the space allowed to write in additional items as necessary. We highly recommend getting renter's insurance on any items of high value as Lavender hills is not responsible for lost,stolen or broken items. No cash or credit cards should be kept in room without a lock box. Upon removing any items from the facility, use ✓ columns to indicate that all personal belongings are accounted for. Use a D for items being donated.

Articles **Items of specific Value (Jewelry, Electronics, Furniture)**

✓	QTY.	Articles	Value	✓	QTY.	Description	Value
		Shirts	$			Television	$
		Pants	$			Cd Player/ Radio/Ipods	$
		Pajamas	$			Ipads/Tablets	$
		Jackets	$			Computers/laptops	$
		Gloves	$			Cellphones	$
		Shoes	$			Pictures	$
		Purses	$			Dressers	$
		Hats	$			Clocks	$
			$			Chairs	$
			$			Bed	$
			$			Night stands	$
			$				$
			$				$
			$				$
		Hearing Aides Left ☐ Right ☐	$				$
		Dentures Yes ☐ No ☐	$				$
		Partial ☐ Upper ☐ Lower ☐	$				$
		Glasses	$				$
		Cane	$				$
		Walker	$				$
		Wheelchair	$				$
		Brace	$				$
		Prosthesis	$				$

I am choosing to decline to fill out the personal inventory form and I have been made aware that Lavender Hills Assisted Living LLC will not be at fault for any missing items, and that is our responsibility to have Renters insurance on any items of high value.

X _____ **Date:** _____
Resident or Resident Representative

_____

I have chosen to fill out the Personal inventory form and I will update it as family brings in items

X _____ **Date:** _____
Resident or Resident Representative

X _____ **Date:** _____
Facility Representative

Upon moving from the facility

I have received all of the items that are marked with ✓ I am donating all the items marked with a D to Lavender Hills Assisted Living LLC to do with as they wish.

X _____ **Date:** _____
Resident or Resident Representative

X _____ **Date:** _____
Administrator Signature

X _____ **Date:** _____
Witness signature