

Aging, Disability and Veterans Services Division, Adult Care Home Program

RESIDENT PERSONAL POSSESSIONS INVENTORY RECORD

MCAR 023-080-325: At the time of admission, the Operator shall list the resident possessions brought into the home.

Resident Name:

Admission Date:_____ Date List Completed:_____

		-	
Quantity	CLOTHING & SHOES Description	Quantity	VALUABLE ITEMS Description (Incl. Est. Value)
	Description		
	EQUIPMENT/FURNITURE		OTHER PERSONAL ITEMS

EQUIPMENT/FURNITURE (Walker, Cane, Wheelchair)	OTHER PERSONAL ITEMS (Glasses, Dentures, Etc.)

SIGNATURES:

Resident/Legal Representative:

Operator:

Date:

Date:

600 NE 8th St., Suite 100 • Gresham, OR 97030 • Phone: 503-988-3000 ACHP: Resident Personal Possessions Inventory Record Revised 07/2015



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ITEMS PURCHASED AFTER ADMISSION

Date & Initiais	Description (Incl. Est. Value)	Date & Initials	Description (Incl. Est. Value)

ITEMS LOST, DAMAGED, REPLACED, OR REMOVED.

Item	Circumstance	Date/Initial

NOTES/COMMENTS (DATE AND INITIAL ENTRIES).