



PERSONAL PROPERTY INVENTORY

Permit Items

Resident Name: _____	DHS Number: _____	Date Packed: _____
Transferred To: _____	Date Transferred: _____	
Property Sent To: _____		

Television (1 - not to exceed 20") _____

Radio (1) _____

Typewriter (1) _____

Fan 12" (1) _____ Jewelry (1 - ring) _____ (1 - necklace)
not to exceed 21" _____

Electric Razor (1) _____ Beard Trimmer (1) _____

Calculator (1) _____ Lamp (1 - desk/clip) _____

Walkman (1) _____ Headphones (1) _____

Video System (1) _____ Video Controller (2) _____

Wristwatch (1) _____

<input type="checkbox"/> Adapters	<input type="checkbox"/> Correction Ribbon (2)	<input type="checkbox"/> Light Bulbs	<input type="checkbox"/> TV Cable Splitter
<input type="checkbox"/> Batteries	<input type="checkbox"/> Earphones (1)	<input type="checkbox"/> Surge Protector (1)	<input type="checkbox"/> TV Cable
<input type="checkbox"/> Cassette Tapes (25)	<input type="checkbox"/> Headphone Extension	<input type="checkbox"/> Typewriter Ribbon (6)	
<input type="checkbox"/> Clock (1)	<input type="checkbox"/> Extension Cord (2) [1-State issued cord; 1-purchased cord]		

I hereby certify that the personal property sheets I am signing contain a true and complete list of my personal property:

Resident Signature: _____ DHS#: _____

Date: _____ Checking Officer Signature: _____

Listed By: _____ Witness Signature: _____

Original: Personal Property

cc: Records
Resident



PERSONAL PROPERTY INVENTORY

Food Items

<input type="checkbox"/> Beans and Rice	<input type="checkbox"/> Hard Candy
<input type="checkbox"/> Boxes of Cakes	<input type="checkbox"/> Kool Aid
<input type="checkbox"/> Cakes and Pies	<input type="checkbox"/> Meat Pouches
<input type="checkbox"/> Candy Bars	<input type="checkbox"/> Oatmeal
<input type="checkbox"/> Cheese Spread	<input type="checkbox"/> Peanut Butter
<input type="checkbox"/> Chili	<input type="checkbox"/> Raman Noodles
<input type="checkbox"/> Chips	<input type="checkbox"/> Sausages
<input type="checkbox"/> Cocoa	<input type="checkbox"/> Sodas
<input type="checkbox"/> Coffee	<input type="checkbox"/> Soups
<input type="checkbox"/> Condiments	<input type="checkbox"/> Sweeteners
<input type="checkbox"/> Cookies	<input type="checkbox"/> Tea Bags
<input type="checkbox"/> Crackers	<input type="checkbox"/> Tuna
<input type="checkbox"/> Granola Bars	

Miscellaneous Items

<input type="checkbox"/> Address Book	<input type="checkbox"/> Mail Labels (100)
<input type="checkbox"/> Bible/Koran (1)	<input type="checkbox"/> Markers (12)
<input type="checkbox"/> Books (20)	<input type="checkbox"/> Notebook Paper (100)
<input type="checkbox"/> Dictionary (1)	<input type="checkbox"/> Photo Albums (2)
<input type="checkbox"/> Envelopes (25)	<input type="checkbox"/> Photos (40)
<input type="checkbox"/> Eyeglass Case (1)	<input type="checkbox"/> Plastic Hangers (16)
<input type="checkbox"/> Eyeglasses (1)	<input type="checkbox"/> Playing Cards (2)
<input type="checkbox"/> Folders (25)	<input type="checkbox"/> Ruler (1)
<input type="checkbox"/> Games (5)	<input type="checkbox"/> Sewing Kit (1)
<input type="checkbox"/> Greeting Cards (25)	<input type="checkbox"/> Sunglasses (1)
<input type="checkbox"/> Hearing Aid (1)	
<input type="checkbox"/> Letters and Mail (25)	
<input type="checkbox"/> Magazines (10)	

Clothing Items

<input type="checkbox"/> Ball Cap (1)	<input type="checkbox"/> Gym Shorts	<input type="checkbox"/> Pillow (1)	<input type="checkbox"/> Socks (7)
<input type="checkbox"/> Belt (1)	<input type="checkbox"/> Jacket (1)	<input type="checkbox"/> Pillow Case (1)	<input type="checkbox"/> Sweatpants (2)
<input type="checkbox"/> Blanket (1)	<input type="checkbox"/> Laundry Bag (1)	<input type="checkbox"/> Prayer Rug (1)	<input type="checkbox"/> T-shirt/Undershirt (7)
<input type="checkbox"/> Boots (1)	<input type="checkbox"/> Linen Sets (2)	<input type="checkbox"/> Shirts (7)	<input type="checkbox"/> Thermal Bottom (2)
<input type="checkbox"/> Boxers/Briefs (7)	<input type="checkbox"/> Mattress Cover (1)	<input type="checkbox"/> Shoes (3)	<input type="checkbox"/> Thermal Top (2)
<input type="checkbox"/> Coat (1)	<input type="checkbox"/> Pajamas (2)	<input type="checkbox"/> Shorts (3)	<input type="checkbox"/> Towels (3)
<input type="checkbox"/> Do-Rag (1)	<input type="checkbox"/> Pants (7)	<input type="checkbox"/> Shower Shoes (1)	<input type="checkbox"/> Washcloths (3)

Cosmetics

<input type="checkbox"/> Acne Medicine	<input type="checkbox"/> Deodorant (2)	<input type="checkbox"/> Mirror (1)	<input type="checkbox"/> Skin Cream
<input type="checkbox"/> After Shave	<input type="checkbox"/> Ear Drops	<input type="checkbox"/> Nail Clipper	<input type="checkbox"/> Soap (6)
<input type="checkbox"/> Aspirin	<input type="checkbox"/> Eye Drops	<input type="checkbox"/> Noxzema	<input type="checkbox"/> Soap Dish
<input type="checkbox"/> Brush	<input type="checkbox"/> Hair Conditioner	<input type="checkbox"/> Ointment	<input type="checkbox"/> Toothbrush (2)
<input type="checkbox"/> Chap Stick	<input type="checkbox"/> Hair Dressing	<input type="checkbox"/> Powder	<input type="checkbox"/> Tooth Brush Case (1)
<input type="checkbox"/> Cocoa Butter	<input type="checkbox"/> Hair Pick (1)	<input type="checkbox"/> Q-Tips	<input type="checkbox"/> Toothpaste (2)
<input type="checkbox"/> Combs (1)	<input type="checkbox"/> Lotion (1)	<input type="checkbox"/> Shampoo (3)	<input type="checkbox"/> Vaseline
<input type="checkbox"/> Cough Drops	<input type="checkbox"/> Lotion Packs	<input type="checkbox"/> Shampoo Packs	<input type="checkbox"/> Vitamins
<input type="checkbox"/> Dentures	<input type="checkbox"/> Medication	<input type="checkbox"/> Shave Cream	

Original: Personal Property

cc: Records
Resident