



# PERSONAL PROPERTY RECEIPT

Resident Name: \_\_\_\_\_ DHS #: \_\_\_\_\_

Date: \_\_\_\_\_

Property received from storage upon release from (Circle One):

Temp/Special      Incoming      Infirmary      Other: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have received all personal property that had been placed in storage and have checked the contents to ensure all personal property is present.

Date: \_\_\_\_\_ Resident Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness Signature: \_\_\_\_\_