**Jonathan’s Place**

**GIRLS CLOTHING/PERSONAL ITEMS INVENTORY**

**This form MUST be completed at placement, subsequent placement, quarterly and discharge.**

Date Form Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Manager Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Girls**  **Clothing List** | **# of Items Recommended** | **# of Items Child**  **Brought Into Care** | **Current**  **NEW USED** | |
| Bras | 4 |  |  |  |
| Panties | 8 |  |  |  |
| Slips | 1 |  |  |  |
| Pantyhose | 1 |  |  |  |
| Socks | 8 |  |  |  |
| Pajamas | 2 |  |  |  |
| Robe | 1 |  |  |  |
| T-shirts | 5 |  |  |  |
| Casual Shirts | 5 |  |  |  |
| Dress Shirts | 2 |  |  |  |
| Sweaters | 2 |  |  |  |
| Shorts | 3 |  |  |  |
| Jeans | 3 |  |  |  |
| Dress Slacks | 1 |  |  |  |
| Dresses or skirt outfits | 1 |  |  |  |
| Casual Shoes | 1 |  |  |  |
| Dress Shoes | 1 |  |  |  |
| Tennis Shoes | 1 |  |  |  |
| Sandals/ Flip Flops | 1 |  |  |  |
| Boots | 1 |  |  |  |
| Swim Suit | 1 |  |  |  |
| Coat | 1 |  |  |  |
| Jackets | 1 |  |  |  |
| Hat/Gloves | 1 |  |  |  |
| **Gifts/Personal Possessions**  (toys, stuffed animals, CDs, electronics, etc) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Sent with child at discharge:** |  |  |  |  |
| Educational Portfolio |  |  |  |  |
| * School Withdrawal Forms |  |  |  |  |
| Medications |  |  |  |  |
| Medical Equipment/Items purchased with Medicaid or other benefits |  |  |  |  |
| Personal Documents (16 and older) |  |  |  |  |
| Medicaid Card |  |  |  |  |
| If no, explain: | | | | |

Child’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foster Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JP Case Manager Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_