NTS NAME: Jeanne, Hoffman

n: 12-2 Provider : Kretchman

INVENTORY OF PERSONAL EFFECTS

Date of Inventory: 3 / 8 / 25

QTY	ARTICLES	✓
	Belts	
	Blouses	
	Bras	
	Briefs / Underpants	
	Dresses	
	Gloves / Mittens	
	Handkerchiefs	
	Hats	
	Housecoats / Robes	
	Jackets / Coats	
	Nightgowns / Pajamas	
	Shaving Kit / Makeup Kit	
2	Shirts Pink & Purple	
	Shoes / Slippers	
	Shorts	
	Slacks / Trousers	
	Socks	
1	Sweat Pants / Lounge Pants	
	Sweatshirt	
1	~~Suits~~ Jumpers	
	Suspenders	
	Scarfs / Ties	
1	Sweaters / Blazers Purple	
	Wallet / Purse	
1	Glasses Bifocals.	
	Cane/Walker	
	Wheelchair / Scooter	
	Brace / Prothesis	
Prosthesis	Dentures: Upper, Lower, Partial	
	Hearing Aid: Right, Left, Both	
	Computer / Laptop	
	Tablet	
	Headphones	
	Cellphone	
1	R/E Brace	
1	Spinal/Abd Brace	
1	Personal w/c	
1	hearing aid machine without headphones	

VALUE OF ITEMS

QTY	Description	Value	✓
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	

ITEMS ACQUIRED AFTER ORIGINAL ENTRY

DATE	ITEM	HOW RECEIVED	INTIAL	✓

NOTES:

DATE	DESCRIPTION/EXPLANATION	INTIAL	✓

CERTIFCATION OF RECEIPT

ON ADMISSION

SIGNED X
Resident/Resident Representative Date 3/8/25

SIGNED
Facility Representative Title Date 3/8/25

IF RESIDENT IS UNABLE TO SIGN, STATE REASON:

SIGNED
Witness Title Date

ON DISCHARGE

SIGNED
Resident/Resident Representative Date

SIGNED
Facility Representative Title Date

IF RESIDENT IS UNABLE TO SIGN, STATE REASON:

SIGNED
Witness Title Date

Instructions: At the time of admission, record the resdient's personal belongings by indicating quantity of those items listed. Use the space provided to write in additional items as necessary. Update As needed throughout the resdient's stay by using the space provided. Upon discharge, use the **checkmark** columns to indicate that all personal belo...