



The Community at Holy Family Manor

Inventory Of Personal Effects

Residents Name:		Room Number:	Date:
QTY:	Articles:	Furniture w/ Descriptions:	
	Dresses		
	Coats		
	Suits		
	Shoes		
	Hats		
	Shirts		
	Sweaters		
	Gloves		
	Stockings		
	Handkerchiefs		
	Brassieres		
	Nightgown/Robes		
	Slippers		
	Purses		
	Pants		
	Jackets		
	Socks		
	Underwear		
	Undershirts	Other:	
	Ties		
	Belts		
	Pajamas		
	Shaving Kit		
	Hearing Aid		
	Dentures		
	Glasses		
	Walker		
	Cane		
	Wheelchair		
	Other:		

Remarks:

Certification of Receipt

On Admission		On Discharge	
Resident/Responsible Party	Date	Resident/Responsible Party	Date
HFM Representative/Title	Date	HFM Representative/Title	Date