

PERSONAL ITEMS INVENTORY			
Quantity	CLOTHING AND SHOES Description	Quantity	VALUABLE ITEMS Description and estimated value
Quantity	EQUIPMENT AND FURNITURE (Walker, cane, wheelchair etc.)	Quantity	OTHER PERSONAL ITEMS (Glasses, dentures, etc.)

I acknowledge that Vibrant Aging Community Center is not responsible for damages, loss or theft of personal items. I am also the person responsible for taking this inventory of items and bringing them to Vibrant Aging Community Center.

Signature of resident or representative: _____

Date: _____