

RESIDENTIAL ALTERNATIVES COMMUNITY CARE PROGRAM

(Provider)

PERSONAL BELONGINGS INVENTORY

Client's Name: _____ Date: _____

ARCH Operator: _____

Address: _____

Dentures: Yes _____ No _____

Glasses: Yes _____ No _____

Hearing Aid: Yes _____ No _____

Clothing:

Equipment: (list owner or rental company)

Other (Specify):