



Community Care Resources, Inc.
Partnership in Planning

PERSONAL EFFECTS EXIT INVENTORY

Name of Youth _____ Foster Home: _____

It is the goal of *Community Care Resources* that each youth leaves the foster home with all of his or her belongings. This form serves as a checklist to prompt all involved parties to assure that this occurs.

Please review the following checklist at the time of pending discharge and initial next to each category when there is assurance that the noted items have been packed and/or removed from the home. If a youth leaves the home on an emergency basis, it is the foster parent's responsibility to transfer the belongings to the youth or County Worker within two weeks of discharge.

- _____ ALL CLOTHING
- _____ NON-CLOTHING ITEMS AND PERSONAL BELONGINGS
- _____ MEDICATIONS
- _____ EYE GLASSES/ PERSONAL HYGIENE ITEMS
- _____ MEDICAL ASSISTANCE FORWARD CARD
- _____ MONEY FROM SAVINGS ACCOUNT/FINAL PAYCHECK
- _____ SCREENS _____
(Cell phone, iPhone, iPad, laptop & electronic games)
- _____ OTHER: _____

Your signatures below release the foster home parent(s) from future responsibility for seeking out "forgotten or lost" items.

Foster Child Signature Date

Foster Parent Signature Date

Clinical Case Manager Signature Date

***This completed and signed form should be forwarded to the main office for filing**

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