TRY-AGAIN HOMES, INC.

Inventory of Clothing or Personal Belongings (Do Not Combine)

Child's Name: _____

County Agency: _____

Inventory Completion @: _____ **Admission** _____ **Discharge**

Date of Admission or Discharge: _____

Item	**Quantity**	**Serviceable (Yes or No)**

Prepared by: _____ Date: _____

_____ _____

Child's Signature County Caseworker Signature