CLOTHING INVENTORY

RESIDENT NAME:_____ ID#_____ Admit Date:_____

Clothing	Allowed Range	Date:		Date:	
		Hash Marks	#	Hash Marks	#
Underwear	4-10				
Socks	4-10				
Bras	3-5				
Sport Bras	1-2				
Pajama Bottoms	2-4				
Pajama Tops	2-4				
Tank Tops	1-3				
T-shirts	3-7				
Other Shirts	1-5				
Sweatshirts	2-5				
Sweaters	2-5				
Yoga Pants/Leggings	2-6				
Jeans	1-3				
Other Pants	1-3				
Skirts/Dresses	0-3				
Shorts	4-5				
Swimsuit	1-2				
Athletic Shoes	1-2				
Shoes	1-2				
Slippers/Flip Flops	1-2				
Belt	1-2				
Light Weight Coat	1				
Winter Coat	1				
Hat	1-3				
Gloves	1-3				
Winter Boots	1				
Snow Pants	1				

ADMISSION   DISCHARGE

_____   _____
Resident Signature and Date   Resident Signature and Date

_____   _____
Witness Signature and Date   Witness Signature and Date

The resident has the right to keep their inventory restricted including limiting who can remove items from storage. By signing below they have restricted anyone other than the legal guardian from removing items from personal storage.
( ) I wish to restrict access to my personal inventory.

Resident:_____

** Highlighted areas are required for outside activities in the winter