



**Inventory of Possessions**

**INFANTS**

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Name of Foster Parents

Check Appropriate Box:

Initial

6 Month

Transfer

Terminated

Quantity Required	Item	Quantity On Hand	Condition:	N: New F: Fair U: Unacceptable
2 pair	Shoes / Booties			
6	Everyday Clothes			
2	Dressy Clothes Sets			
6	Pants			
6	Undershirts			
6 pair	Socks			
4	Pajamas / Gowns			
6	Plastic Pants			
2	Sweaters Sets			
1	Sweater/Jacket			
5 dozen	Diapers			
4	Bottles			
1	Light Blanket			
1	Heavy Blanket			
2	Changing Pads			
1	Diaper Bag			

Note: All clothing must be in good repair and fit the child.

Waist Size	Shirt Size	Shoe Size

Please comment and list any other clothing items not indicated in the list above:

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inventory Performed By:

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

*(Inventory continues on next page for placements)*