



DEPARTURE Inventory of Belongings

Client:	Placement Date:
Signature (age 13+): _____	Departure Date:
Social Worker:	Phone #: () -
Foster Parent(s):	Phone #: () -

Pants:	Jacket (heavy):	Shoes:	Blouses:
Shorts:	Jacket (light):	Tennis shoes:	Skirts:
Shirts:	Raincoat:	Boots:	Dresses:
Pajamas:	Sweatshirts:	Sandals:	Bras:
Socks:	Sweaters:	Other:	Special Items:
Underwear:	Hats:		
	Gloves:		

MEDICATION: Be sure to send all medication and prescriptions with child's caregiver, social worker or case manager upon departure. Include medication count (#pills, capsules, tubes, etc). Return medical log sheet to case manager.

#1	#2	#3
Name of medication:	Name of medication:	Name of medication:
Dose:	Dose:	Dose:
#Pills / capsules / tubes:	#Pills / capsules / tubes:	#Pills / capsules / tubes :
#4	#5	#6
Name of medication:	Name of medication:	Name of medication:
Dose:	Dose:	Dose:
#Pills / capsules / tubes:	#Pills / capsules / tubes:	#Pills / capsules / tubes:

Client Records: Return all client records to social worker or case manager including medical and dental records, health and safety plan, treatment plan, mental health evaluations, and school records.