**INFANT/TODDLER CLOTHING/PERSONAL ITEMS INVENTORY**

(This form **MUST** be completed at placement, subsequent placement, quarterly, and at discharge.)

Date Form Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Foster/Adopt Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For clothing recommendation, please note that discretion may be used for child’s preferences and seasonal items.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Infant/Toddler Clothing List** | **# Items Recommended** | **# Items Child Brought Into Care** | **# Of New/Current Items** |
| Bottles | 5 |  |  |
| Pacifiers | 2 |  |  |
| Receiving Blankets | 3 |  |  |
| Onesies | 5 |  |  |
| Pajamas | 2 |  |  |
| Socks | 8 |  |  |
| Tops/Shirts | 6 |  |  |
| Sweaters | 2 |  |  |
| Shorts | 3 |  |  |
| Pants/Jeans | 6 |  |  |
| Dress Outfits | 1 |  |  |
| Casual/Dress Shoes | 1 |  |  |
| Boots | 1 |  |  |
| Swimsuit | 1 |  |  |
| Coat | 1 |  |  |
| Jacket | 1 |  |  |
| Hat/Gloves | 1 |  |  |

**Gifts/Personal Possessions: (Toys, Stuffed Animals, Electronics, Etc.)**

|  |  |  |
| --- | --- | --- |
| **Gift/Personal Item** | **# Items Child Brought Into Care** | **# Of New/Current Items** |
| 1) |  |  |
| 2) |  |  |
| 3) |  |  |
| 4) |  |  |
| 5) |  |  |
| 6) |  |  |
| 7) |  |  |

**Items sent with child at discharge:**

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicaid Card:  Yes  No If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Life Book:  Yes  No If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Of Items: \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFS Case Manager Signature Date