



Participant Personal Inventory Form – C8

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|---|------------------|
| Participants Name: | |
| 1. Valuables (cash, keys, mobile phones, laptops, tablets, etc.) | |
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| 2. Other Items (clothes, electrical equipment, TV, etc. | |
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| | |
| 3. Inventory Notes: | |
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| 4. Follow-up Actions: | Completed |
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| | |
| | |

Participant / Advocate Name:

Participant / Advocate Signature:

Date:

Director or Operations Manager Signature:

Date: