**Jonathan’s Place**

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

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

Date Form Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Manager Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Infant/Toddler** **Clothing List** | **# of Items Recommended** | **# of Items Child** **Brought Into Care** | **Current** **NEW USED** |
| Bottles | 5 |  |  |  |
| Pacifiers | 2 |  |  |  |
| Receiving Blankets | 3 |  |  |  |
| Onesies | 5 |  |  |  |
| Pajamas | 2 |  |  |  |
| Socks | 8 |  |  |  |
| Tops/shirts | 6 |  |  |  |
| Sweater | 2 |  |  |  |
| Shorts | 3 |  |  |  |
| Pants/Jeans | 6 |  |  |  |
| Dress Outfits | 1 |  |  |  |
| Casual/Dress Shoes | 1 |  |  |  |
| Tennis Shoes | 1 |  |  |  |
| Boots | 1 |  |  |  |
| Swimsuit | 1 |  |  |  |
| Coat | 1 |  |  |  |
| Jacket | 1 |  |  |  |
| Hat/Gloves | 1 |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Gifts/Personal Possessions** (toys, stuffed animals, CDs, electronics, etc) |  |  |  |  |
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|  |  |  |  |  |
| **Sent with child at discharge:** |  |  |  |  |
| Medications |  |  |  |  |
| Medical Equipment/Items purchased with Medicaid or other benefits |  |  |  |  |
| Medicaid Card |  |  |  |  |
| If no, explain: |

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Foster Parent Signature Date

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

JP Case Manager Signature Date