

Libin Health Belongings Check Form

Client Name:	Admission Date:
Client Signature:	Staff's Signature:

The following list is used to document and verify the client's belongings upon admission. Staff should review and sign this form after completion.

Item	Present (✓)	Not Present (✓)	Would you like the Libin Health Facility to secure it? Yes or no?	Stored in Locked Client's Storage? Yes/No?
Identification (ID, Passport, etc.)				
Medications				
Clothing				
Hygiene Items				
Dentures/ Hearing Aids				
Equipment/Devices				
Electronics (phone, laptop, etc.)				
Personal Items (jewelry, wallet)				
Cash				
Banking Documents/Cards				
Other (specify): _____				