



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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## CERTIFIED FAMILY HOME RESIDENT BELONGINGS INVENTORY

[www.cfh.dhw.idaho.gov](http://www.cfh.dhw.idaho.gov)

**16.03.19.270.01.R & 270.02.L**

The rules state the resident's record **must** contain "An inventory of resident's belongings". The resident can inventory any item he chooses. The inventory can be updated at any time but **must** be updated annually. This form may be used to document the inventory or you may use your own format.

Resident \_\_\_\_\_ Date of Admission \_\_\_\_\_

CFH Provider \_\_\_\_\_ Region \_\_\_\_\_

Item	# Items	Description	Date
Glasses			
Dentures			
Hearing Aid			
Watch			
Radio			
Stereo			
TV			
Clock			

Item	# Items	Description	Date
Wheelchair			
Walker			
Hair Dryer			
Luggage			
Furniture			
Jewelry			