

CLIENT/RESIDENT PERSONAL PROPERTY AND VALUABLES

Facilities must safeguard client’s/resident’s personal property/valuables entrusted to the facility. Licensee/Administrator is responsible for maintaining a record of personal property/valuables entrusted to and removed from the facility. Under “Number”, enter the quantity of items entrusted. Under “Description”, describe the item (marking articles by names or numbers may aid identification.). Under “Location, enter where Items are stored. Licensee/Administrator and client/resident must sign each entry. Explain why, if client/resident does not sign. Provide a copy to the client/resident and maintain a copy in client’s/resident’s file. As property/valuable is removed, explain the reason for removal, enter the removal date, and ensure form is signed by all required persons specified above.

The reverse side of this form may be completed and retained in Residential Care Facilities for the Elderly to meet the notice requirements of Health and Safety Code Section 1569.153(k).

Name of Client/Resident TROY QUIROZ				Social Security No. 566-29-4550
A. PERSONAL PROPERTY/VALUABLES ENTRUSTED TO FACILITY				
Number	Description	Date	Location	Signature of Client/Resident (or if "None" explain) Signature of Licensee/Administrator
N/A	CLOTHS	01-16-2012	WITH RESIDENT	
B. PERSONAL PROPERTY/VALUABLES REMOVED				
Number	Description	Date	Location	Signature of Client/Resident (or if "None" explain) Signature of Licensee/Administrator