

Plan for Retention of Client's Belongings:

Signatures:

**By Signing this Inventory of Client Assets form I hereby certify that I have physically seen and reviewed each item detailed above.

Printed Name of Client

Date: _____

Signature of Client:

Printed Name of Client's Legal Guardian

Date: _____

Signature of Client's Legal Guardian

Printed Name of Red Mountain Family Services, Inc.
Treatment Foster Care Parent

Date: _____

Signature of Red Mountain Family Services, Inc.
Treatment Foster Care Parent

Printed Name of Red Mountain Family Services, Inc.
Treatment Foster Care Coordinator

Date: _____

Signature of Red Mountain Family Services, Inc.
Treatment Foster Care Coordinator