Human Resources Center, Inc.
Life Sharing Program
Individual Inventory of Personal Property

Individuals Name: _____ Date: _____

Providers Name: _____

Providers Signature: _____

Check appropriate Category:

____ Placement ____Annual Update ____ Transfer ____Discharge

ITEM	QUANITY	CONDITION

ITEM	QUANITY	CONDITION

ITEM	QUANITY	CONDITION