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**CLOTHING INVENTORY AND OTHER PERSONAL ITEMS  
 (at time of Placement)**

CHILD'S NAME:
FOSTER PARENT:
DATE FORM COMPLETED:

CLOTHING ITEM	TOTAL NUMBER OF ITMES	SPECIFY CONDITION/FIT
JEANS		
DRESSES/SKIRTS		
DRESS SHIRTS		
T-SHIRTS		
SHORTS		
SHOES/BOOTS		
SOCKS (PAIRS)		
UNDERWEAR		
BRAS/UNDER-SHIRTS		
OTHER ITEMS:		
OTHER ITEMS:		
OTHER ITEMS:		

\_\_\_\_\_  
**Foster Parent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**TFC Specialist Signature**

\_\_\_\_\_  
**Date**