

CALIFORNIA FOSTER FAMILIES, INC. CLOTHING INVENTORY

Child's Name: _____ Date: _____

Foster Family Home: _____

<input type="checkbox"/> Intake	<input type="checkbox"/> Transfer	<input type="checkbox"/> Update	<input type="checkbox"/> Discharge
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Current Size: **Shirt:** _____ **Pants:** _____ **Dress:** _____

Item	Min. Req at Placement	Min. Req at 3 Months	Min. Req at 6 Months	Wearable Items	Items Needed	Comments
Underwear	6 pair	10	15			
Socks	6 pair	10	15			
Pants/Shorts	2 pair	7	14			
Shirts	2	10	15			
Dresses	As requested	1	3			
Sweater/Light Jacket	1	2	4			
Heavy Coat/Jacket	1 (if winter)	1	1			
Sleepwear	2	5	7			
Slippers	As requested	1	1			
Shoes	1 pair	2	4			
Dress Clothes	0	1 outfit	2 outfits			
Personal Hygiene/ misc	4 each	8	8			
Toothbrush	1	2	2			
Diapers as needed	24 on hand	36	36			
Bottles	2	10	10			
Large Suitcase	1					
Other:						

Child Signature _____

Date _____

Foster Parent Signature _____

Date _____

Agency Social Worker _____

Date _____