

TRY-AGAIN HOMES INCORPORATED  
WEST VIRGINIA SPECIALIZED FOSTER CARE

**CLOTHING/PERSONAL ITEM INVENTORY**

INSTRUCTIONS: PLEASE COMPLETE THE FOLLOWING INVENTORY EACH TIME A CHILD IS PLACED IN YOUR HOME, OR IS TRANSFERRED FROM YOUR HOME.

CHILD'S NAME:

NAME OF SFP COMPLETING FORM:

ITEM	#	ITEM	#	ITEM	#
HAT		SOCKS		STEREO/RADIO	
DRESS SHIRT		PAJAMAS		BICYCLE	
PLAY SHIRT		BATHROBE		OTHER ITEMS (LIST):	
DRESS PANTS		SWIMSUIT			
PLAY PANTS		GLOVES			
SHORTS		BELT			
SWEATER		COMB/BRUSH			
UNDERSHIRT		TOOTH BRUSH			
UNDERPANTS		OTHER CLOTHING (LIST):			
COATS/JACKETS					
DRESS SHOES					
SNEAKERS/PLAY SHOES					
BOOTS					

List added items & date bought through out the year while in your home and attach to this form.

\*\*\* PLEASE SIGN THE REVERSE SIDE OF THIS FORM.\*\*\*

WVSFC - 135

SIGNATURE OF CHILD/YOUTH IN SPECIALIZED FOSTER CARE:

\_\_\_\_\_  
SIGNATURE

DATE

SIGNATURE OF SFP WITH WHOM THE CHILD/YOUTH IS BEING PLACED (IF ORIGINAL PLACEMENT):

\_\_\_\_\_  
SIGNATURE

DATE

SIGNATURE OF SFP FROM WHOM THE CHILD/YOUTH IS BEING TRANSFERRED:

\_\_\_\_\_  
SIGNATURE

DATE

SIGNATURE OF SFP TO WHOM THE CHILD IS BEING TRANSFERRED:

\_\_\_\_\_  
SIGNATURE

DATE

