

Name of Client: \_\_\_\_\_  
DOB: \_\_\_\_\_

**CHECK OFF LIST**

<input type="checkbox"/>	* Personal belongings (inventory to be signed and original kept at FFA)
<input type="checkbox"/>	Barring immediate release time, clothes should be clean and folded and in good repair.
<input type="checkbox"/>	Medical Coverage (card, copy, paper letter or number) # _____
<input type="checkbox"/>	Copies of medical log, most recent physical and dental and immunizations _____
<input type="checkbox"/>	Medication(s) Type: _____
<input type="checkbox"/>	Medication Instructions: _____
	<i>If at all possible with psychotropic medication, two weeks of medication on a prescription refill should be given.</i>
<input type="checkbox"/>	Name of treating psychiatrist and phone and any follow up appointment: _____
<input type="checkbox"/>	SPECIAL MEDICAL INFORMATION :(IE. ALLERGIES, ETC.) _____
<input type="checkbox"/>	Awards or important documents (birth certificate, social security card, special Pictures, etc.) _____
<input type="checkbox"/>	Copy of most recent report card and school information _____
<input type="checkbox"/>	Money or allowance <b>Amount:</b> \$ _____
<input type="checkbox"/>	Electronics (Ipod, stereo, etc.) _____
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Other: _____

I have received the above belongings and information.

Date: \_\_\_\_\_

\_\_\_\_\_  
Person's receiving information

\_\_\_\_\_  
David and Margaret Staff Releasing Belongings

**\*All Children's Belongs Should Be Transported In A Suitcase, Duffle Bag or Box(s). No Trash Bags are to be Used.**