Resident Belongings and Furnishings Inventory

IMPORTANT NOTE:
All additional items brought in for personal use of a resident must be **MARKED** and **ADDED** to the original inventory list. Labels are provided and can be applied by the resident or Masonic Pathways staff.

Resident Name:
Date of Admission:

MISCELLANEOUS		
QTY.	**ITEM**	**DESCRIPTION**
	Wheelchair	
	Cane	
	Walker	
	Electric Cart	
	Hospital Bed	
must arrive without assistive device i.e grab bar, side rail		

FURNISHINGS		
QTY.	**ITEM**	**DESCRIPTION**
	Dresser	
	Recliner	
	Bed Frame	
	Mattress	
	Box Springs	
	Lamp	
	Hutch	
	Refrigerator	
	Nightstand	
	Television	
	Microwave	
	Radio	
	Phone	

STATEMENT: I have read and agree that this is an accurate list of my belongings. I understand Masonic Pathways will not be responsible for any **valuables, money, or clothing left in the possession of the resident.** Due to limited storage space, furniture and other personal items cannot be stored by Masonic Pathways.

Resident or DPOA/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____