

BTRR LONG-TERM CLIENT PERSONAL BELONGINGS INVENTORY

Client Name: _____

Date: _____

Client Number: _____

Allow	Clothing Items	#
2	Bathing Suits (one piece)	
2	Belts	
5	Bras	
3	Bras (Sports)	
1	Gloves	
2	Hats	
2	Jackets/Coats	
2	Pajamas	
6	Pants	
5	Dress Pants	
1	Robe	
2	Scarves/Shawls	
14	Shirts (No sleeveless)	
5	Dress Shirts	
5pr	Shoes (2"heel or less)	
1pr	Dress Shoes	
1pr	House Shoes	
1pr	Shower Shoes	
6	Shorts (below knees) /Capris	
2	Skirts or Dresses	
10pr	Socks	
5pr	Dress Socks	
2	Sunglasses	
4	Sweatpants(No words on seat)	
10	Sweatshirts/Sweaters	
10pr	Underwear	

Allow	Toiletries, etc.	#
1	Body Sponge	
2	Body Spray (alcohol-free)	
2	Body Wash	
1	Comb	
1	Comforter (optional)	
2	Conditioner	
12mo	Contact Lenses	
2	Contact Solutions	
1	Cotton Balls	
1	Curling/Flat Iron	
1	Dental Floss	
2	Deodorant	
1	Eye Cream	
1	Face Cleanser	
1	Face Lotion	
1	Face Toner (alcohol-free)	
2	Fem. Hygiene Product	
2	Gel/Mousse (alcohol-free)	
1	Hair Dye (alcohol-free)	
1	Hairbrush	
1	Hairdryer	
2	Hairspray (alcohol-free)	
2	Lip Balm	
2	Lotions	

Allow	Toiletries, etc. (Cont.)	#
20	Makeup	
1	Mouthwash (alcohol-free)	
1	Nail Clipper	
2	Nail Files	
2	Nail Polish	
1	Nail Polish Remover	
1	Nail Scissors	
2	Pillow Cases (optional)	
2	Pillows (optional)	
1	Q-Tips	
1 pk	Razor (Disposable)	
1	Razor (Electric)	
2	Shampoo	
2	Shaving Cream	
1	Fitted Sheet (optional)	
1	Flat Sheet (optional)	
2	Soap	
2	Toothbrush	
2	Toothpaste	
2	Bath Towel (optional)	
1	Pool Towel (optional)	
1	Tweezers	
2	Washcloths (optional)	
1	Water Bottle	

Allow	Jewelry, suggested items	#
2	Bracelets	
2 pr	Earrings	
2	Necklaces	
2	Rings	
2	Watches	
2	Reading Glasses	
1	Book Bag	
1	Alarm clock	
1	Purse	
1	Disc Man/iPod/MP3	
1	Headphones	
10	CD's	
1	AA Big Book	
1	AA 12 x 12	
3	Spiritual/Recovery Books	
5	Books (Recreational)	
	Luggage	
	Recommended:	#
	Black Pens	
	Highlighters	
	Journal	
	Pictures/frames/albums	
	Spiral Notebooks	
	Stamps	
	Stationary	

Medications: Only medications prescribed by a doctor and in the original bottle are permitted. Make sure that the dosage is accurate on the prescription bottle. Over the counter medications with a doctor's written prescription are permitted. Medications without a doctor's prescription will be mailed home at the client's expense.

Valuables: We encourage clients to leave all valuables at home. Burning Tree reserves the right to send home any valuables that may be a distraction to the client or to any other clients in treatment.

I, _____, acknowledge that an inventory has been taken of all my personal belongings. I understand that any personal items or valuables not approved by staff will be shipped to my guarantor at my expense. I understand that Burning Tree is not responsible for any items damaged, lost, stolen, broken or that I have loaned out to other clients. All items that I have brought on to the property are solely my responsibility.

Client Signature _____ Date _____

Staff Signature _____ Date _____