



Riverside County Department of Public Social Services – Children’s Services  
**Child’s Personal Belongings and Medication Inventory – DPSS 2724**

CWS/CMS Referral #:	CWS/CMS Child Case #:	Today’s Date:
Mother’s Name:	Father’s Name:	J#:
Child’s Name:	DOB:	Service Component:
Caregiver Name:	Caregiver Telephone:	
CSSW Name:	CSSW Telephone:	

Following is an inventory of this child’s current clothing items and personal items in order to meet his/her basic clothing and personal needs. Use the estimates of a child’s basic clothing needs outlined below for determining this child’s need. Needed clothing items are to be purchased from the initial clothing allowance and from the ongoing allowance provided in the monthly foster care payment.

Clothing items are to be purchased that are appropriate to the child’s age and gender (**consistent with current standards of the home, community fashions and weather**), and are to be maintained in acceptable wearing condition, (clean, mended, etc.). Clothing items are to be replaced when they are worn out or outgrown so that the child always has an adequate wardrobe of clothing available to meet his/her basic needs, including at the time the child returns to his/her family or a placement change occurs.

**Note: Personal belongings shall stay with child. Medications need to be appropriately stored. Psychotropic medication requires court approval and monitoring as part of case. Expiration date must be checked for all medications to ensure child’s safety in consumption of medication.**

Minimum Clothing Requirement	# of Items Required	Current # of items	# of items purchased	Date Purchased
<b>UNDERWEAR</b>				
Underwear (male/female, 3-18 yrs)				
Undershirts (male/female, infant -18 yrs)				
Bras (female, 10*-18 yrs)				
<b>OUTERWEAR</b>				
Everyday clothes ** (infant to 5 yrs)				
School clothes ** (male/female, 6-18 yrs)				
Play clothes ** (male/female, 7-12 yrs)				
Dressy clothes (male/female, infant-18 yrs)				
Sweaters (male/female, infant-18 yrs)				
Jacket or Coat (male/female, infant-18 yrs)				
Hat, Cap, or Bonnet (male/female, infant-6 yrs)				
<b>SHOES/ACCESSORIES</b>				
Everyday (Not Flip-Flops) (male/female, infant-2 yrs)				
School (male/female, 3-18 yrs)				



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<i>Minimum Clothing Requirement</i>	<i># of Items Required</i>	<i>Current # of items</i>	<i># of items purchased</i>	<i>Date Purchased</i>
Dressy (male/female, infant-18 yrs)				
Socks/Hosiery (male/female, infant-18 yrs)				
Belts (male/female, 3-18 yrs)				
<b>NIGHTWEAR</b>				
Pajamas (sleepers) (male/female, infant-2 yrs)				
Pajamas or gowns (male/female, 3-18 yrs)				
Bath Robe (male/female, 3-18 yrs)				
Slippers (male/female, 3-18 yrs)				
<b>INFANT NEEDS</b>				
Diapers				
Blankets (receiving)				
Bottles (48 hrs. worth of formula)				
<b>MISCELLANEOUS</b>				
Toothbrush (change every 3 mos.)				
Comb/brush (male/female, 2-18 yrs)				
Car Seat (male/female infant minimum of 6 yrs and must weigh 60/pounds)	1 per child			

<b>Personal Property /Other</b>				
<b>Bicycle/tricycle, rollerblades/skates, scooter <u>w/ helmet</u> ***</b>				
(List items):				
<b>Portable/Stationary Radio, portable CD player, electronics:</b> Radio:      CD Player:      Video Games:      CD's.:				
Other:			Other:	
Other:			Other:	
<b>Toys, books, games, athletic equip. etc. (total # of each)</b> Toys:      Books:      Games:      Athletic Equip.:				
Other:			Other:	
Other:			Other:	
<b>Family History album, photographs, etc.:</b> (total # of albums) <b>or</b> (total # of pictures)				
<b>Life book (personal-sentimental items):</b>				
<b>Personal Property:</b>				
<b>Other:</b>				

\*Purchase when developmentally needed.  
 \*\*Purchase pants/shirts, skirts/blouses, short sets, sweatshirts, jeans and dresses, etc.  
 \*\*\*Additional safety gear when needed.

NOTES: Special events are not included in the clothing inventory listing, such as, birthdays, proms, graduation ceremonies, special athletic equipment/uniforms, etc. and should be purchased as needed.



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<b>MEDICATION</b>						
<b>INSTRUCTIONS:</b> Centrally stored medication shall be kept in a safe and locked place that is not accessible to any person(s) except authorized individuals. Medication records on each child shall be maintained for at least one year.						
Medication Name	Prescribing Physician	Dosage/ Frequency	Start Date	End Date	Medication Type	Comments <i>(special storage instructions, side effects, cautions etc.)</i>
	Dr.	<Select>Per<Select>			<input type="checkbox"/> Court Ordered <input type="checkbox"/> Dr. Prescribed <input type="checkbox"/> Over-the-Counter	
	Dr.	<Select>Per<Select>			<input type="checkbox"/> Court Ordered <input type="checkbox"/> Dr. Prescribed <input type="checkbox"/> Over-the-Counter	
	Dr.	<Select>Per<Select>			<input type="checkbox"/> Court Ordered <input type="checkbox"/> Dr. Prescribed <input type="checkbox"/> Over-the-Counter	
	Dr.	<Select>Per<Select>			<input type="checkbox"/> Court Ordered <input type="checkbox"/> Dr. Prescribed <input type="checkbox"/> Over-the-Counter	
	Dr.	<Select>Per<Select>			<input type="checkbox"/> Court Ordered <input type="checkbox"/> Dr. Prescribed <input type="checkbox"/> Over-the-Counter	

*Foster caregiver reviewed, understands and agrees to support the child’s plan as described above, has determined the child is compatible with others in the home, and agrees to keep the child’s case information confidential.*

Caregiver’s Signature:	Date	
CSSW Signature:	Date	
Office Address:	Phone No.	Date