

KIDS COUNT TOO, INC.
Child's Placement Inventory

Child's Name: _____

Date Placed: _____

Foster home: _____

Date Inventory Completed: _____

This form is to be completed by the foster parent and/or KCT caseworker upon a foster youth entering the home and shall be submitted to Kids Count Too within 3 business days of placement.

Article of Clothing	Quantity	Quality
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
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		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Miscellaneous Items	Quantity	Condition
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
		<input type="checkbox"/> New <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Foster Parent Signature: _____

Date: _____

KCT Representative Signature: _____

Date: _____

*****Use back of form or attach additional sheet if needed*****