State of Illinois
Department of Human Services Rushville TDF

# PERSONAL PROPERTY RECEIPT

Resident Name: _____ DHS #: _____

Date: _____

Property received from storage upon release from (Circle One):

Temp/Special Incoming Infirmary Other: _____

Staff Signature: _____ Date: _____

I have received all personal property that had been placed in storage and have checked the contents to ensure all personal property is present.

Date: _____ Resident Signature: _____

Date: _____ Witness Signature: _____

Date: _____ Witness Signature: _____