



INFANTS CLOTHING INVENTORY

Fax to 512-233-6473

Fax completed form to Family Link within 24 hours of child's placement.

Date: _____

Child's Name: _____ Placement Update Discharge

Foster Home: _____ Case Manager _____

(Signature)

	# of items recommended	# of items child has	# of items needed	# of items purchased	Condition of clothing excellent, good, fair, poor	Cost
INFANT						
Sleepers/Onesies	6					
Daywear	9					
Socks	6					
Hat	2					
Mittens/Hand cover	2					
Sweaters	1					
Baby Coat	1					
Shoes	2					
Bibs	4					
Other						

List Other Essentials: Stroller, Crib, Cradle, Blanket, Receiving Blankets, Car Seat, Bath Tub, Hooded Towels, Baby Washcloths, Burping Cloths, Changing pad, Bottles, etc... _____

(too young)

Foster Parent Signature

Child Signature