

Resident Name _____

Medical Record # _____

**JAMES L. WEST CENTER for DEMENTIA CARE
Inventory List**

Please provide a list of all items left at the building for Residential Care. Remember, do not bring items of value. Please verify all items are returned before leaving James L. West.

Description of Item	Number of Items	Date
Blue Jeans 34 x 34	1	m/d/yy

Family Signature Arrival Date

JLW Representative Date