Participant Personal Property and Valuables

Date of Discharge or Placement Change: _____

Name of Participant: _____

Name of Resource Parent(s) at discharge/placement change:_____

Name of new Resource Parent(s): _____

Date	How Many	Description	Child Initials*	RP Initials

****If additional forms are needed, please ask the NCYFP SW to provide them to you.****

Initials above acknowledge that all items listed are correctly documented on this form.

*Child/youth may initial when it is age and developmentally appropriate. If the child/youth is unable to initial, please indicate that on this form.