|  |  |
| --- | --- |
| House Address: |  |
| Resident Name: |  |
| Room Number: |  |
| Date: |  |

**Personal Item Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Item Description | Serial Number (if applicable) | Estimated Value | Condition (New/Used) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Declaration:**

I, the undersigned, declare that the above-listed items are my personal property. I understand that while the respite house will take reasonable precautions to ensure the safety of my belongings, it is not liable for any loss, theft, or damage to these items.

|  |  |
| --- | --- |
| Participant Signature: |  |
| Date: |  |