

ANNEXURE: 10	Residents Belongings & Handover Form		
CHAPTER: 4	Care Home Rules, Policies, Operations and Management		
MONTH CREATED	December 2024	NEXT REVIEW	December 2026
CHAPTER CODE	CHRP	VERSION	1
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Residents Belongings & Possessions List

Resident Name	
Resident Room No.	
Occupancy Type (Single / Double / Dormitory)	
Date of Joining	
Date of Discharge	
Date of Transfer	
Date of Demise	

S.No	Item	Nos	Description	Brought at Joining (Date)	Brought during Stay (Date)

1) Whom would you like your personal belongings and valuables if any to be handed over after your death? Address, ID, Signature and Picture for Identification.

Name (Capital Letters): Mr/Ms: _____

Relationship with Applicant / Resident: Son: _____ Daughter: _____

Relative/Friend: _____ Others: _____

Contact Number: _____

Email ID: (Capital Letters) _____

Dated: _____ Signature: Self: _____

Guardian / Family Member: _____

Dated: _____ Signature: Staff: _____

Care Home Manager: _____