State Issued Items Accountability Form

Facility:

Youth Name: Unit/Room#: Date:

Youth, Youth Name, was assigned the following clothing and bed linens:

Item Issued	Quantity	Date Issued	☐Replaced	☐Replaced	☐Replaced	☐Replaced
Pants		Date	Date	Date	Date	Date
T-Shirt		Date	Date	Date	Date	Date
Sweatshirt (Seasonal)		Date	Date	Date	Date	Date
Under Wear		Date	Date	Date	Date	Date
Socks		Date	Date	Date	Date	Date
Bra (Female only)		Date	Date	Date	Date	Date
Shoes		Date	Date	Date	Date	Date
Shower Shoes		Date	Date	Date	Date	Date
Flat Sheet		Date	Date	Date	Date	Date
Fitted Sheet		Date	Date	Date	Date	Date
Pillow Case		Date	Date	Date	Date	Date
Blanket		Date	Date	Date	Date	Date
Pajamas (If applicable)		Date	Date	Date	Date	Date
other		Date	Date	Date	Date	Date
other		Date	Date	Date	Date	Date
other		Date	Date	Date	Date	Date
other		Date	Date	Date	Date	Date
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