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1

**REGISTER OF USER BELONGINGS ENTRUSTED TO AN IR OR FTR**

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| **User Identification** | |
| **User's name:** |  |
| **Arrival date / Departure date** |  |
| **Operator:** |  |
| **Name of user's care provider:** |  |

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| **User's money** | |
| **PEA amount on arrival:** |  |
| **PEA amount at start:** |  |
| **Amount in the circular on arrival** |  |
| **Amount in the circular on departure** |  |

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| **List of documents and personal effects entrusted to the resource** | **Arrival** | **Departure** |
| **Clothing:** |  |  |
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| **List of documents and personal effects entrusted to the resource** | **Arrival** | **Departure** |
| **Vaccination booklet** |  |  |
| **Health Insurance Card** |  |  |
| **Passport** |  |  |
| **Prescription medication** |  |  |
| **Cell phone** |  |  |
| **Computer** |  |  |
| **Bike** |  |  |
| **Toys** |  |  |
| **Eyeglasses** |  |  |
| **Jewelry** |  |  |
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| **List of documents and personal effects entrusted to the resource** | **Arrival** | **Departure** |
| **Others:** |  |  |
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| **List of documents and personal effects entrusted to the resource** | **Arrival** | **Departure** |
| **Others:** |  |  |
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| **Signature + date on departure** | |
| **User (age 14 or over)** |  |
| **Operator** |  |
| **User care provider** |  |
| **Quality care provider** |  |

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