

ASPIRANET RESOURCE FAMILY PROGRAM

BASIC CLOTHING LIST

_____ *Child's Name* _____ *DOB*

_____ *Home Name* _____ *DOP*

- | | |
|--------------------------|-----------|
| <input type="checkbox"/> | Placement |
| <input type="checkbox"/> | Transfer |
| <input type="checkbox"/> | Annual |
| <input type="checkbox"/> | Discharge |

<input type="checkbox"/> INFANT TO 5 YEARS	Has	CONDITION	Needs	<input type="checkbox"/> 6 TO 18 YEARS
6-8 underwear (if potty trained)	_____	_____	_____	6-8 underwear
6-8 pairs of socks	_____	_____	_____	4-6 undershirts/bras (as needed)
7-10 shirts/blouses (seasonal)	_____	_____	_____	6-8 pairs of socks
7-10 pants/shorts/skirts (seasonal)	_____	_____	_____	1-3 stockings/tights (if desired)
1-2 dress outfits (if appropriate age)	_____	_____	_____	7-10 shirts/blouses (seasonal)
2-6 gowns/ sleepers/ pajamas	_____	_____	_____	7-10 pants/shorts/skirts (seasonal)
1-2 sweaters/sweatshirts	_____	_____	_____	2-4 dress outfits
1-2 bunting/jackets	_____	_____	_____	1 set gym clothes (if needed)
2-4 pairs shoes/booties	_____	_____	_____	1-2 pajamas
1 swim suit/swim trunks	_____	_____	_____	1 bathrobe (if desired)
1 belt (optional)	_____	_____	_____	1 pair of slippers (if desired)
3-4 dozen cloth diapers (optional)	_____	_____	_____	2-3 sweaters/sweatshirts
6-8 waterproof pants (optional)	_____	_____	_____	1-2 jackets/coats
6-8 cloth training pants (optional)	_____	_____	_____	2-4 pairs of shoes
other _____	_____	_____	_____	1-2 swim suit/swim trunks
other _____	_____	_____	_____	1-2 belts (optional)
other _____	_____	_____	_____	1 slip/tie (optional)
other _____	_____	_____	_____	other _____

If there are clothing needs, list below the items needing to be purchased and date they will be purchased by.

Foster Parent Signature

I have reviewed the above plan.

Aspiranet Social Worker Signature

Date Completed

Date Reviewed