

Oregon Community Programs



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	POSSESSION	RECORD			
Youth Name:		<u>.</u>			
Date:	Program Placement:				
		Have	Need	Bought	Donate
Underclothing:					
Socks:					
Sleepwear:					
Shoes:					
Dente					
Pants _					
Shirts					
Dresses/ Skirts					
Seasonal:					
OTHER: List any sp	pecial needs for youth				
Signatures:					
FP:					
Youth:			Date:		
Program Staff:			Date:		
PO/ Caseworker:			Date:		