

CVH 23
New 5/18

**CONNECTICUT VALLEY HOSPITAL
PROPERTY/CLOTHING RECORD**

[] General Psychiatric Division Name _____
[] Addiction Services Division MPI# _____ *Print or Addressograph*

1. **Cash:** Amount kept by Patient _____ Amount to Patient's Accounts/Business Office _____
2. **Property/Valuables Kept by Patient** - Include jewelry, glasses, dentures, clothing, etc. that the patient keeps:

I accept full responsibility for Clothing/Valuables kept with me:

Date: _____

Signature Patient or Staff Witness, if Patient Unable to Sign

Staff Signature

3. **Locked Property/Valuables:** (Record Confiscation of Alcohol, Unauthorized Substances/Materials/Items on CVH-319)

Property/Valuable	Storage Location	Patient/Staff Signatures when item(s) returned to patient	Date

4. **Patients Admitted to CVH via Court Order or From a Correctional Facility (i.e., 54-56d):**

Property/Valuables are located: _____

Receipt # _____ Date Sent for _____ By _____ Date Received _____
Receipt # _____ Date Sent for _____ By _____ Date Received _____

When received, list in the appropriate sections above.

Attach Additional Property/Clothing Forms as Necessary