

Greater Minnesota Family Shelter Care
Residents Belongings Policy

Residents are allowed the following list of items in their Hygiene Basket.

- 1 Toothbrush (shelter will provide if need be)
- 1 Toothpaste Tube (shelter will provide if need be)
- 1 Deodorant (shelter will provide if need be)
- 1 Hairbrush (shelter will provide if need be)
- 1 Personal shampoo/conditioner (shelter will provide if need be)
- 1 Personal Hair Product (gel, protectant, mousse)
- 1 Personal Body lotion (shelter will provide if need be)
- 1 Personal body wash/soap (shelter will provide if need be)
- 1 Personal face wash (shelter will provide if need be)
- 1 Small make-up bag no longer than 12 inches long and 6 inches deep.
- 1 Chapstick/lip balm

Residents are allowed 1 Personal body spray/perfume/cologne (not in glass or aerosol) and will be stored in the locked staff office. Used under staff supervision only.

All items must be clearly labeled.

All extra items will go in storage until needed.

Residents are not allowed to have press on/acrylic nails, eye lash glue, razors, clippers, tweezers, small scissors, cuticle tool, metal file, and nail polish remover.

There will be **NO** storage exchanging of hygiene items unless you have finished an item.

There will be **NO** sharing/exchanging with peers' hygiene items.

Residents are allowed the following items to be kept in rooms.

- 3 Books
- 1 Journal
- 1 Drawing pad (no metal spines)
- 1 Water bottle
- 1 Personal Comfort Item
- 1 Personal Blanket
- Photos/ 1 photo album (no metal spine)

Items that cannot be kept in rooms but are not limited to: Legos, Canvases, Yarn, String, Pencils, erasers, Clip Boards, Crayons, Colored Pencils, Marker, Game Pieces, Hygiene items. Should safety concerns arise regarding a resident's belongings in their room, staff may read, view and or remove the belongings from the residents' room. This includes but is not limited to: Journals, Drawing pad/book, Photo album, jewelry, clothing items, etc.

Signatures:

Parent/Guardian: _____

Resident: _____

Staff Representative: _____

For Your Awareness

***Our Shelter Facility uses live recorded audio and video footage in our commons areas for safety and security purposes. These systems are not located in resident bedrooms or bathrooms.**

Our facility administers random drug and nicotine UAs to all residents at any given time.

Please Sign Below

Signatures:

Parent/Guardian: _____

Social Worker: _____

Resident: _____

Staff Representative: _____