**WEAPONS INVENTORY**

|  |  |  |
| --- | --- | --- |
| **LIST OF WEAPONS** | **DESCRIBE STORATE OF WEAPONS** | **DESCRIBE STORAGE OF AMMUNITION** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\_\_\_\_\_\_\_\_\_\_\_There are no weapons of any kind nor ammunition stored anywhere in my home or on my property.

This is a complete listing of all the weapons currently in my home/on my property. I understand that I should notify my TGIF Case Manager of any additional weapons acquired or stored on the premises of my home in the future. I also understand I must review that safety issue weapons and conduct an inventory of weapons with my respite provider I use with foster children.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foster Parent Signature Date