*Affiliates must ensure that all home supply items and food and/or food allowance are provided upon arrival, including for a temporary stay. When completing this form, list the specific quantities provided; check marks or “enough” are not acceptable responses. If an item is substituted, as requested by client, for a culturally-appropriate equivalent, please mark the “Quantity” column “Substituted” and complete the Home Supply Substitution Form.*

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| **PA Name:** | | **Case #:** | **Case Size:** | | **DOA:** |
| **Spouse Name:** | | **Other Adult Name:** | | | **Date Conducted:** |
| **# of Occupants:** | **# of Bedrooms:** | **Move in Date:** | **Checklist Completed By:** | | |
| **Address:** | | | | **Temporary (OR) Permanent Housing** | |

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| **A. Furniture** | **Quantity** | **Provided By** |
| Mattress and box spring (only married couples or small children of same gender may be expected to share beds) |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Bed frame |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| One set of drawers, shelves, or other unit appropriate for storage of clothing per bedroom |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| One couch or equivalent seating per family  (in addition to kitchen chairs) |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| One lamp per room, unless installed lighting is present and adequate, and light bulbs as needed |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Kitchen table (per case) and chair (per person) |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **B. Kitchen Items** | **Quantity** | **Provided By** |
| One place setting of tableware (fork, knife, spoon) per person |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| One place setting of dishes (plate, bowl and cup) per person |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Pots and pans: at least one saucepan, one large pot, one frying pan, and one baking dish |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mixing/serving bowls |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| One set of kitchen utensils  (such as a spatula, wooden spoon, knife, serving utensils, etc.) |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Can opener |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Note any additional furniture and kitchen items provided for family:* | | |
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| **C. Linens and Other Household Supplies** | **Quantity** | **Provided By** |
| One bath towel per person |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| One set of sheets for each bed |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Blanket(s) or comforter(s) for each bed |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| One pillow and pillowcase for each person |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Alarm clock (phone is sufficient) |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Paper, pens, and/or pencils  (one set per case recommended) |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **D. Toiletries (new)** | **Quantity** | **Provided By** |
| Toilet paper (list number of rolls) |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Shampoo |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Soap |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| One toothbrush per person |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Toothpaste |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Deodorant |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Feminine hygiene items |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Razors |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Note any additional household supplies and toiletries items provided for family* | | |
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| **E. Cleaning Supplies** | **Quantity** | **Provided By** |
| Dish soap |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Bathroom/kitchen cleaner |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Laundry detergent |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Sponges, cleaning rags, and/or paper towels |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Wastebaskets (1 kitchen, 1 per bathroom) |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Trash bags (list number of boxes) |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mop or broom |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **F. Baby Items (if applicable)** | **Quantity** | **Provided By** |
| Baby food |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Clothing |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Diapers |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Car seat/booster seat (children under 8 – see state guidelines) |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Crib (children under 3) |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Baby gate (as applicable) |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Note any additional cleaning supplies and baby items provided for family:* | | |
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| **G. Other Items and Food** | **Quantity** | **Provided By** |
| Appropriate seasonal clothing for work, school (uniforms if necessary) and everyday use for each family member:  *Clean clothing, in good condition, for all members of the family (including proper footwear)* |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Food available on arrival:  *Culturally appropriate, ready-to-eat food, plus one day’s worth of additional food supplies and staples (including baby food, as needed)* |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Food within one day of arrival:  *Food or food allowance at least equivalent to the SNAP/food stamp allocation for that family unit and continued food assistance until receipt of SNAP/food stamps or until individual/ family is able to provide food for themselves* |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Additional items appropriate to family size and composition:  *For example, large families should receive enough cookware to prepare a meal for all individuals; additional plates and utensils may be appropriate for a single individual.* |  | Agency  Volunteer   UST  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Note any additional/regional Items your office provided for family* | | |
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Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Case Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Interpreter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_