

Permanent Housing Home Supply List

Affiliates must ensure that all home supply items and food and/or food allowance are provided upon arrival and for a period of not less than thirty (30) days after arrival. When completing this form, please list the specific quantities provided (check marks or "enough" are not acceptable responses). The form must be completed prior to or upon arrival for permanent housing, including U.S. Tie housing.

| | | | | | |
|---|--|--------------------------|--|--------------------------|--|
| Principal Applicant Name | | | | | |
| Case Number: | | | | | |
| Case Size: | | | | | |
| Date of Arrival: | | | | | |
| Beds & Bedding | | | | | |
| Item | | Quantity Provided | | | |
| Mattress (and box spring, if needed) only married couples or children under 5 of the same gender may be expected to share beds | | | | | |
| Bed Frame | | | | | |
| Sheets (at least one set per bed) | | | | | |
| Blanket(s) at least one per bed as seasonally appropriate | | | | | |
| Pillow(s) and Pillowcase at least one set per person | | Quantity Required | | Quantity Provided | |
| | | | | | |
| Other Required Furniture | | | | | |
| Item | | Quantity Required | | Quantity Provided | |
| Couch or equivalent seating at least one per family, in addition to kitchen chairs | | | | | |
| Kitchen Table at least one table per case, and at least one chair per person | | | | | |
| Kitchen Chair(s) at least one table per case, and at least one chair per person | | | | | |
| Item | | Quantity Provided | | | |
| Set of drawers, shelves or unit appropriate for storage of clothing in each bedroom, unless each bedroom closet has adequate shelving to accommodate clothing | | | | | |
| Lamp(s) at least one lamp per room, unless installed lighting is present and adequate, and lightbulbs as needed | | | | | |

| Kitchen Items | | |
|---|--|-------------------|
| Items | Quantity Required | Quantity Provided |
| Tableware at least one fork, knife and spoon per person | | |
| Dishes at least one plate, bowl and cup per person | | |
| Pots and Pans at least one sauce pan, one large pot one frying pan and one baking dish per family | | |
| Mixing/Serving Bowls | | |
| Kitchen Utensils ex. spatula, wooden spoon, knife, serving utensils | | |
| Can Opener | | |
| Personal Care Items | | |
| Items | Quantity Required | Quantity Provided |
| Toilet Paper Adequate size package for case size | | |
| Shampoo | | |
| Soap | | |
| Toothbrush <i>at least one per person</i> | | |
| Toothpaste | | |
| Personal hygiene items <i>such as deodorant, feminine hygiene products and razors</i> | | |
| Bath Towel <i>at least one per person</i> | | |
| Cleaning Supplies | | |
| Items | Quantity Required | Quantity Provided |
| Dish Soap | | |
| Bathroom/Kitchen Cleaner | | |
| Laundry Detergent | | |
| Sponges, Cleaning Rags and/or Paper Towels | | |
| Waste Baskets at minimum 2: 1 kitchen; 1 bathroom size | | |
| Trash Bags 1 box per household | | |
| Mop or Broom | | |
| Provision of Food | | (Y/N) |
| | Required | Provided (Y/N) |
| Food available upon arrival PRM Requirement: Culturally appropriate, ready-to-eat food, plus food or food allowance equivalent to, at least, the prorated food stamp allocation for the case, incl. baby food as needed | Ready-to-eat culturally appropriate meal | |
| | Culturally appropriate grocery items | |

| Other Items | | |
|---|--------------------------|-------------------|
| Items | Quantity Required | Quantity Provided |
| Cell Phone or Alarm Clock | | |
| Paper, Pens and/or Pencils one set per case recommended | | |
| Are minors listed on the case? | | (Y/N) |
| If yes, please indicate if the following were present: (as applicable) | | (Y, N, or N/A) |
| Childcare Items PRM Requirement: Baby food, clothing, car seat, diapers, and crib provided throughout the R&P period, as needed | Clothing | |
| | Car Seat or Booster Seat | |
| | Diapers | |
| Signatures | | |
| Principal Applicant Name: | | |
| Principal Applicant Signature: | | |
| Adult 2 Client Name: | | |
| Adult 2 Client Signature: | | |
| Adult 3 Client Name: | | |
| Adult 3 Client Signature: | | |
| Adult 4 Client Name: | | |
| Adult 4 Client Signature: | | |
| Staff Member Name: | | |
| Staff Member Signature: | | |