 

APA HOUSING SUPPLY CHECKLIST

 *The purpose of this form is to document that required goods and supplies are available for the case’s use.*

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| **PA Name:** | **Case #:** |
| **Case Size:** | **Supply List Completed By (name):** |

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| **Instructions** |
| Using the check boxes below, staff should indicate whether the client accepted or refused each item, the quantity of each item that the client was given, and whether staff purchased the item using APA funds or the item was donated (new or used). If the item was donated, indicate the value.***Accepted –*** Check this box if clients accept the item provided by the agency (either new or donated), or the item is otherwise available for the case’s use. Indicate the quantity provided to the case, whether it was purchased using APA funds, and (if donated) the value of the item based on one of the following: Salvation Army, Goodwill, price tags/receipts, or another reliable valuation system.***Refused: Client Already Has Item –*** Check this box if clients already have the minimum required amount of an item (e.g. they brought it with them to the U.S., their U.S. tie purchased it for them, or the item is otherwise available for them to use).***Refused: Client Doesn’t Want Item –*** Check this box if clients do not have a certain item and still request that staff do not provide it. Staff should document the reason in case notes and/or on this form.Client Acknowledgement must be completed as soon as possible but no later than the last day of the APA period. It is recommended that clients sign upon arrival for items required upon arrival. |

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| **Section A - Items Required Upon Arrival** | Did the client(s) accept or refuse the item(s)?\* | Quantity | Bought with APA Funds\*\* | If donated (new or used) list total in-kind value for item(s)\*\*\* |
| 1. **Beds** appropriate for age and gender composition of family. Only married couples or young children of the same gender may be expected to share beds.
 | ☐ accepted☐ refused: already has item☐ refused: doesn’t want item |  | ☐ YES☐ NO | 💲 |
| 1. **Bed** and **bath linens**, as appropriate for family size and composition.
 | ☐ accepted☐ refused: already has item☐ refused: doesn’t want item |  | ☐ YES☐ NO | 💲 |
| 1. **Toiletries** and **personal hygiene items**, as appropriate for family size and composition
 | ☐ accepted☐ refused: already has item☐ refused: doesn’t want item |  | ☐ YES☐ NO | 💲 |
| 1. **Baby items** as needed
 | ☐ accepted or N/A☐ refused: already has item☐ refused: doesn’t want item |  | ☐ YES☐ NO | 💲 |
| 1. **One lamp** per room, unless installed lighting is present and adequate, and **light bulbs**
 | ☐ accepted ☐ refused: already has item☐ refused: doesn’t want item |  | ☐ YES☐ NO | 💲 |
| 1. **Cutlery**, **plates**, **glasses**, **food preparation utensils**, and **cooking ware**, as appropriate for family size and composition.
 | ☐ accepted☐ refused: already has item☐ refused: doesn’t want item |  | ☐ YES☐ NO | 💲 |
| 1. **Household cleaning supplies**
 | ☐ accepted☐ refused: already has item☐ refused: doesn’t want item |  | ☐ YES☐ NO | 💲 |
| 1. **Culturally appropriate, ready to-eat food** and **adequate food supplies** (including baby food as appropriate), or food allowance at least equivalent to the prorated food stamp allocation for the family unit and continued food assistance until receipt of food stamps or until the individual or family is able to provide food for himself, herself, or themselves.
 | ☐ accepted☐ refused: already has item☐ refused: doesn’t want item |  | ☐ YES☐ NO | 💲 |
| 1. **Appropriate seasonal clothing** for **work**, **school**, and **everyday use** for all members of the family, including proper **footwear** for each member of the family, and **diapers** for children as necessary throughout the APA period. Clothing need not be new, but must be clean, in good condition, and functional.
 | ☐ accepted☐ refused: already has item☐ refused: doesn’t want item |  | ☐ YES☐ NO | 💲 |
| Signature for Section A - Client Acknowledgement (*required no later than the last day of the APA period*) |
| I acknowledge that the agency offered me all items on this list. I have chosen to accept or refuse them as indicated above. |
| **Client Signature** | **Client Date** |
| **Staff Signature** | **Staff Date** |
| **Interpreter Signature**(or indicate if same staff as above) | **Interpreter Date** |
| **Section B - Items Required By the End of the APA Service Period** |
| 1. A **set of drawers**, **shelves**, or **other unit appropriate for storage of clothing** in addition to a closet in each bedroom, unless each bedroom closet has adequate **shelving** to accommodate clothing.
 | ☐ accepted☐ refused: already has item☐ refused: doesn’t want item |  | ☐ YES☐ NO | 💲 |
| 1. **One kitchen table per family** and **one kitchen chair per person**.
 | ☐ accepted☐ refused: already has item☐ refused: doesn’t want item |  | ☐ YES☐ NO | 💲 |
| 1. **One couch, or equivalent seating, per family,** in addition to kitchen chairs.
 | ☐ accepted☐ refused: already has item☐ refused: doesn’t want item |  | ☐ YES☐ NO | 💲 |
| Other Items |
|  | ☐ accepted☐ refused: already has item☐ refused: doesn’t want item |  | ☐ YES☐ NO | 💲 |
|  | ☐ accepted☐ refused: already has item☐ refused: doesn’t want item |  | ☐ YES☐ NO | 💲 |
| Signature for Section B - Client Acknowledgement (*required no later than the last day of the APA period*) |
| I acknowledge that the agency offered me all items on this list. I have chosen to accept or refuse them as indicated above. |
| **Client Signature** | **Client Date** |
| **Staff Signature** | **Staff Date** |
| **Interpreter Signature**(or indicate if same staff as above) | **Interpreter Date** |
| NOTES\* If an item was refused or otherwise not provided, the case note log should either document the reason or refer to this form.\*\* If APA funds were spent, these purchases must be captured on the USCCB/MRS Financial Record or equivalent agency form, in addition to capturing client acknowledgement on the Client Acknowledgement of Receipt of Direct Assistance form. Appropriate source documentation (e.g. receipts) must also be maintained in the case file.\*\*\* If donated new or used items were provided, transfer the total value to the *In-Kind Contributions Record APA-06A* and to *Summary Record of Cash, In-Kind, and Volunteer Contributions APA-06C* |