

Case Number: _____

Material Needs Support Form

*Denotes 1 per person
**Denotes 1 per family

When temporary housing is used, items highlighted in bold below must be present upon arrival.

1st Residence		Circle Yes / No	2nd Residence		Circle Yes / No
Date of move in: _____			Date of move in: _____		
FURNISHINGS	Mattress* (Only married couples or small children of the same gender may share beds)	Y / N	Mattress* (Only married couples or small children of the same gender may share beds)	Y / N	
	Bed Frame*	Y / N	Bed Frame*	Y / N	
	Box Spring*	Y / N	Box Spring*	Y / N	
	Drawers, shelves or other clothing storage unit per bedroom	Y / N	Drawers, shelves or other clothing storage unit per bedroom	Y / N	
	Kitchen table**	Y / N	Kitchen table**	Y / N	
	Kitchen chair*	Y / N	Kitchen chair*	Y / N	
	Couch or equivalent seating**	Y / N	Couch or equivalent seating**	Y / N	
	Lamp/Installed lighting (1 per room)	Y / N	Lamp/Installed lighting (1 per room)	Y / N	
KITCHEN ITEMS	Tableware Setting (fork, knife, spoon)*	Y / N	Tableware Setting (fork, knife, spoon)*	Y / N	
	Place Setting (plate, bowl and cup/glass)*	Y / N	Place Setting (plate, bowl and cup/glass)*	Y / N	
	Pots and pans (sauce pan, frying pan, baking dish)**	Y / N	Pots and pans (sauce pan, frying pan, baking dish)**	Y / N	
	Mixing/serving bowls**	Y / N	Mixing/serving bowls**	Y / N	
	Kitchen utensils (spatula, ladle, knife, etc.)**	Y / N	Kitchen utensils (spatula, ladle, knife, etc.)**	Y / N	
	Can opener**	Y / N	Can opener**	Y / N	
HOUSEHOLD	One towel*	Y / N	One towel*	Y / N	
	Sheets, pillowcase, pillows, blankets - 1 set/per bed	Y / N	Sheets, pillowcase, pillows, blankets - 1 set/per bed	Y / N	
	Alarm clock	Y / N	Alarm clock	Y / N	
	Paper, pens and/or pencils	Y / N	Paper, pens and/or pencils	Y / N	
	Light bulbs	Y / N	Light bulbs	Y / N	
CLEANING	Dish soap	Y / N	Dish soap	Y / N	
	Bathroom/kitchen cleanser	Y / N	Bathroom/kitchen cleanser	Y / N	
	Sponges or cleaning rags and/or paper towels	Y / N	Sponges or cleaning rags and/or paper towels	Y / N	
	Laundry detergent	Y / N	Laundry detergent	Y / N	
	Two waste baskets	Y / N	Two waste baskets	Y / N	
	Mop or broom	Y / N	Mop or broom	Y / N	
	Trash bags	Y / N	Trash bags	Y / N	
TOILETRIES	Toilet paper	Y / N	Toilet paper	Y / N	
	Shampoo	Y / N	Shampoo	Y / N	
	Soap	Y / N	Soap	Y / N	
	Toothbrush*	Y / N	Toothbrush*	Y / N	
	Toothpaste	Y / N	Toothpaste	Y / N	
	Personal hygiene items as appropriate	Y / N	Personal hygiene items as appropriate	Y / N	
FOOD	Culturally appropriate, ready-to-eat food upon arrival, plus one day's worth of additional food (including baby food)	Y / N	Culturally appropriate, ready-to-eat food upon arrival, plus one day's worth of additional food (including baby food)	Y / N	
	Food or food allowance for the case until receipt of food stamps or until case is able to provide food for themselves	Y / N	Food or food allowance for the case until receipt of food stamps or until case is able to provide food for themselves	Y / N	
OTHER	Pocket Money	Y / N	Pocket Money	Y / N	
	Seasonally Appropriate Clothing	Y / N	Seasonally Appropriate Clothing	Y / N	
	Baby items as needed	Y/N/N/A	Baby items as needed	Y/N/N/A	

Adult Member of Refugee Case Signature _____ Date _____

WR Staff/Volunteer/Co-sponsor (GNT) Signature _____ Date _____
Please circle which

This tool should be completed within 5 working days after arrival. Subsequent moves and evidence of appropriate furnishings should be documented in the R&P Case Notes.

Adult Member of Refugee Case Signature _____ Date _____

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