

Operational Guidance Supply List

Affiliate: _____ **Site:** _____

PA's Name:		Case #:		
Address of Apartment/House:		Number of Persons in Household:		
(Including the quantity is required, but listing all the values and their sources is optional)	Quantity	Cash from R&P Grant	In Kind	Cash from other sources
1. Furnishings				
Mattress* – Twin/Double				
Box Spring				
Bed Frame				
Set of drawers, shelves or other unit appropriate for storage of clothing				
Kitchen table				
Kitchen chair (one per person)				
Couch or equivalent seating (in addition to kitchen chairs)				
Lamp (one per room unless installed lighting is present)				
2. Kitchen Items				
One place setting of tableware (fork, knife, spoon) per person				
One place setting of dishes (plate, bowl and cup) per person				
Pots and pans; at least one sauce pan, frying pan, and baking dish				
Mixing/serving bowls				
One set of kitchen utensils (such as a spatula, wooden spoon, knife, serving utensils, etc.)				
Can opener				
Baby items as needed				
3. Linens and Other Household Items				
One towel per person				
One set of sheets and blankets for each bed				
One pillow and pillowcase for each person				
Alarm clock				
Paper, pens and/or pencils				
Light bulbs				
4. Cleaning Supplies				
Dish soap				
Bathroom/kitchen cleanser				
Sponges or cleaning rags and/or paper towels				
Laundry detergent				
Two waste baskets				
Mop or broom				
Trash bags				
* Appropriate for age and gender composition of family. Only married couples and small children of the same sex may be expected to share beds.				

5. Toiletries				
Toilet Paper				
Shampoo				
Soap				
One toothbrush per person				
Toothpaste				
Personal hygiene items as appropriate				
6. Food		Date Provided	Notes	
Culturally appropriate, ready-to-eat food, plus one days' worth of additional food supplies and staples (including baby food as necessary).				
Within one Day of arrival, food or food allowance at least equivalent to the food stamp allocation for that family unit and continued food assistance until receipt of food stamps or until individual or family is able to provide for his/her/their own food.				
7. Other		Date Provided	Notes	
8. Comments				

Total Spent on Household:
For Household Goods and Food:

Items Received by:

Refugee's Signature: _____ Caseworker: _____

Refugee's Name: _____ Date: _____