Example 2.1.7 - Checklist for verification of Housing Minimum Standards

*Note: This is a real example of a checklist used to determine if accommodation met the needs of those with mobility impairments*

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| Date of visit |  |
| Shelter case identifier |  |
| Full name of the Head of Household  (It must be the head of the household and the identification number must be the same as in the system in  EspoCRM) |  |
| Introduce yourself to the person you are talking to. Explain that the purpose of the visit is to conduct a rapid assessment of the living standards and physical conditions of the housing unit where they currently live, or intend to live into. | |

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| **Housing type** | |
| The housing unit is (please select one):   * A detached house in own plot * An independent flat in an apartment building * A detached housing unit in the same plot where host family / landlord lives * A separate portion of a house in the same building where the host family/landlord lives | |
| Adress: | |
| Number of bedrooms: | |
| **Accessibility** | |
| People with disability / limited mobility can independently access the property from the public space.  *This may include an elevator, ramps, reduced thresholds, grab rails, firm surfaces, wide enough access doorways and passageways.*  Yes / No | |
| People with disability / limited mobility can independently enter the house and circulate in all rooms.  *This may include an elevator, ramps, reduced thresholds, grab rails, firm surfaces, wide enough access doorways and passageways.*  Yes / No | |
| If located on upper floors, the building is equipped with an elevator.  *Higher floors (2+) in buildings without an elevator should not be considered for elderly and people with reduced mobility.*  Yes / No | |
| Special sanitary equipment is installed to make the bathroom fully accessible.  *To be considered as accessible, adapted sanitary equipment should be installed, for example walk-in showers, sinks and toilets at appropriate heights, and grab rails.*  Yes / No | |
| If any say NO à please add comments / details: | |
| **Photos** | |
| Bathroom | Bedroom |
| Kitchen / living | Other |
| Other | Other |

The housing unit has been checked and complies with the minimum requirements selected above.

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| SRC Staff / Volunteer Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date and Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Home Owner name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date and Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Tenant / Hosted name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date and Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |