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 inEspoCRM) |  |
| 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
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| 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: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |