**mmodation**

Name:

Address:

Migrant Help Reference Number:

Port or NASS Reference:

I give consent for Care4Calais to share this information: YES / NO

**Items to expect in the accommodation**

The following items are required to be provided in the accommodation.

If anything from these lists is missing or broken, please complete this form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Room**  | **Items**  |  **YES √** |  **NO X**  |
| **1. Bathroom**  | a. Bath or shower and shower curtain  |  |  |
| b. Wash basin  |  |  |
| c. Toilet   |  |  |
| **2. Kitchen**  | a. Cooker or oven and hob  |  |  |
| b. Microwave  |  |  |
| c. Cookware and utensils  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | d. Cutlery and crockery  |  |  |
| e. Cupboards  |  |  |
| f. Food preparation area  |  |  |
| h. Sink  |  |  |
| i. Refrigerator and freezer  |  |  |
| j. Broom or other cleaning equipment  |  |  |
| **3. Bedrooms**  | a. Bed (single or double)  |  |  |
| b. 1 wardrobe per room or 1 per single person  |  |  |
| c. 1 chest of drawers per room or 1 per single person  |  |  |
| **4. Dining and living room**  | a. Table  |  |  |
| b. 1 dining chair per person  |  |  |
| c. 1 armchair or sofa seat per person  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5. Facilities**  | a.  | Access to fresh drinking water  |  |  |
| b.  | Laundry facilities  |  |  |
| c.  | Clothes dryer or clothes line  |  |  |
| d.  | Ironing board and clothes iron  |  |  |
| e.  | Child care equipment (cots and high chairs and sterilisation equipment for children under the age of 1 year) |  |  |
| f.  | curtains or blinds  |  |  |
| g.  | Smoke and carbon monoxide detectors |  |  |
| **6. New linen**  | a.  | Bath towels |  |  |
| b.  | Face flannels  |  |  |
| c. Sheets  |  |  |
|  | d. Blankets and duvets  |  |  |
| e. Hand towels  |  |  |
| f. Tea towels  |  |  |
| g. Pillows and pillow cases  |  |  |
| h. Duvet covers  |  |  |

Some common items which providers do not need to supply:

* **telephone • broadband/wifi connection**
* **television/TV • vacuum cleaner**

7. Do you have any other concerns about the property? Please inform a care4calais volunteer and we will submit the evidence below.

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Name and signature of person submitting this information Date