Housing Profile and Checklist

Certain standards have been developed within post-secondary educational institutions for basic amenities which must be in place in housing units for post-secondary students. This includes housing for NOSM medical students during the Module 106 ICE in Indigenous communities. The school requires that the following chart be completed with the relevant information requested, and signed off by both the Housing Provider and the Host Community Liaison if the Provider is someone other than the Community.

This completed Checklist must be signed and faxed to the Health Programs Manager **no later than April 15, 2022**

Medical Student Housing Profile & Checklist for Module 106

Please describe the Unit's location:

Quoted Total Cost: $

Please describe the Unit: (i.e., detached home, apartment unit, residence)

Number and Description of Rooms in Unit:

Type of heating in Unit, and availability of fuel for ICE period:

Please describe sewer and water supply, as well as washroom and bathing conditions:

Please obtain and attach or forward digital photos of Unit exterior and interior rooms

Equipment and Amenities

	Details	✔
Furnished / Equipped Units General Amenities	Suitable furnishings provided – appropriate to size and use of Unit	
	Key-locked Main Entry	Keys provided?
	Television	
	Laundry Facilities available (could be elsewhere)	
	Quiet study space (desk or table)	
	Garbage Storage & Removal available	
	Unit cleaning equipment	
	Smoke-free living space	
	Smoke/CO2 detector – fire alarm	
Communications	High speed internet connection or wireless availability	Activated?
	Telephone jack for speaker phone (local & student supplied phone card) 24/7	Activated?
Bedrooms (two total required)	Separate key-locked doors for each bedroom (if others in Unit)	Keys provided?
	Acceptable twin size beds (Please indicate if other size)	
	Linens (supplied □ or not) Pillows (supplied □ or not)	
	Suitable light for reading	
	Storage space for books	
	Storage space for personal clothing	
Kitchen	Kitchen/Dining Area accessible as part of Unit	
	Kitchen Appliances accessible/useable (i.e., fridge, stove)	
	Minimum of cooking equipment (pots, pans, utensils, etc.)	
	Kitchen Serving Items (for four persons)	

As of today, _____, 2022, I certify that the above requirements are in place for the Housing Unit

_____ Housing Provider

_____ Host Community Liaison