**Housing & Support
Assessment**

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| Date of Assessment |  |
| Assessment Completed by |  |
| Project Name |  |

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| **CLIENT INFORMATION** |
| First Name |  |
| Last name |  |
| Other names/ nickname |  |
| Telephone Number |  |
| Email |  |
| Current Address |  |
| Emergency Contact (N.O.K) |  |
|  |  |
| Referrer Name |  |
| Referrer telephone number |  |
| Referrer email |  |
| Relationship to client |  |
| GP Details |  |
| Care Coordinator Details |   |
| Psychiatrist Details |  |
| Is there an existing Care Plan? |  |

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| **DEMOGRAPHICS** |
| Date of Birth |  |
| Nationality |  |
| Preferred Language |  |
| Gender | Male | Female | Trans | Other |
| Preferred Pronoun |  |
| Ethnicity |  |
| Sexuality |  |

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| **ACCOMODATION HISTORY** |
| Address History (past 5 years) |  |
| Social Housing Register Number |  |
| Local Authority for Local Connection |  |
| Are you Currently Homeless or at Risk of Homelessness? |  |
| Homelessness application submitted? |  |
| Reason for end of accommodation |  |
| History of eviction? |  |
| History of warnings ASB? |  |
| Do you have outstanding rent arrears? (provide details) |  |

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| **MENTAL HEALTH AND WELLBEING** |
| Do you have a clinical diagnosis? |  |
| Do you suspect that you have conditions that are undiagnosed? |  |
| Prescribed medications |  |
| How do you manage your mental health needs? |  |
| What other mental health support might you benefit from? |  |
| History of suicide/attempts |  |
| History of self harming behaviours |  |

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| **PHYSICAL HEALTH & WELLBEING** |
| Registered Disabled? |  |
| Diagnosed conditions? |  |
| Do you suspect that you have conditions that are undiagnosed? |  |
| How do you manage your physical health needs? |  |
| Prescribed Medications |  |
| What other physical health support might you benefit from? |  |
| Diagnosis of learning difficulty, learning disability or neurological condition |  |
| Adaptations required |  |

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| **FAMILY, RELATIONSHIPS & SUPPORT NETWORKS** |
| Who are the most important people in your life? |  |
| Do you have other people who support you? (i.e. professionals and services) |  |
| Do you have any children? Where do they live? |  |
| Do you have cultural, religious and community interests? |  |
| Other Social & recreational interests? |  |
| What other support might you benefit from? |  |
| Do you have any disputes or problems with anyone? |  |

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| **OFFENDING AND ANTISOCIAL BEHAVIOUR** |
| History of Offending/criminal charges/convictions |  |
| Details of probation order/suspended sentence/ pending court appearances |  |
| Name & details of probation officer |  |
| History of complaints regarding ASB |  |
| Do you need any support to avoid future offending? |  |

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| **INDEPENDENT LIVING** |
| Current income including any benefits | TypeUC(incl LCFW?)JSAPIPOther Income | Amount | Frequency |
| Outstanding debts (including rent arrears) | Amount owed | To Whom | Payment plan? |
| Support needed with domestic tasks, cooking /cleaning etc? |  |
| Support needed traveling in the local area? |  |
| Support needed with personal admin/reading letters etc? |  |

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| **MEANINGFUL USE OF TIME** |
| Current employment status |  |
| Education History |  |
| Would you like support accessing education, training and employment? |  |
| Hobbies and interests |  |

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| **STAYING SAFE** |
| History of violence to others |  |
| History of Arson |  |
| History of being a victim of violence/exploitation |  |
| History of substance/alcohol misuse  | **Type** | **Frequency** | **Last used**  |
| History of overdose |  |
| Engagement with drug & alcohol services |  |
| History of cessation of contact |  |

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| **GOALS & EXPECTATIONS** |
| What do you hope to gain from the support & accommodation? |  |
| What challenges might you face in reaching those goals? |  |
| What options will you have if you are not offered this accommodation? |  |
| Any Questions? |  |

**ASSESSMENT OUTCOME**

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| Placement offered |  |
| Placement not offered |  |
| Recommendations |  |