

SUPPORTED/SHELTERED/EXTRA CARE HOUSING

NEEDS ASSESSMENT

Appendix 4

What is a needs assessment?

Supported, Sheltered and Extra Care Housing are all types of housing which promote independent living. To assess whether all your requirements will be met within one or more of these types of accommodation, we need to clarify the areas of support you currently receive or may require in the near future. This questionnaire will enable us to assess your support needs and enable us to identify the most suitable accommodation to your housing needs.

If there is more than one person applying a separate form must be completed for each.

Personal Details:

Title:	
Name:	
Address:	
Post Code:	
Tel No:	
Mobile No:	
E-mail:	
Date of Birth:	
National Insurance Number:	

Your Next of Kin Details:

Title:	
Name:	
Address:	
Post Code:	
Tel No:	
Mobile No:	
E-mail:	

If you have a Power of Attorney please complete the box below:

Title:	
Name:	
Address:	
Post Code:	
Tel No:	
Mobile No:	

E-mail:	
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Doctors Details:

Name:.....

Surgery Address:.....

Telephone No: Day: Night:

Hospital Consultant (if any):

Name:.....

Hospital:.....

Department:.....

Telephone No:.....

Are you registered disabled? YES/NO

If yes, what is your disability

Details of Present Accommodation: *(Tick all that apply)*

Living:	Alone		With Partner		Family		Other (detail below)	
Type:	Bungalow		Ground Floor Flat		House		Upstairs Flat	
Tenure:	Owner		Council		HA Tenant		Private Rent	
	Supported Housing		Temporary		Extra Care		Long Term Hospital	
Support:	Sheltered		Community Alarm		Family		Other	

'Other' accommodation details

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Why do you need to move from your current home?

.....
What expectations do you have about moving into Supported/Sheltered/Extra Care housing and what support do you need to help you to live independently?

.....
Do you have any pets? YES/NO

If yes, what are they?
.....

Do you expect your pets to move with you? YES/NO

Communication:

Your preferred method of contact is (please tick those preferred)

- By letter
- By phone
- E-mail
- By visit
- Any of these
- Other

Do you need a translator for speech or writing?

- Speech
- Writing

Your preferred language for verbal and written contact is ?

.....
Indicate any other preferences/needs (please tick)

- Large print
- Tape
- Braille
- Minicom
- Signing
- Other

ACHIEVE ECONOMIC WELLBEING

Do you require support with claiming any of the following? (If yes, please tick)

Housing Benefit

Disability living Allowance
Attendance allowance
Pensions
Income support

Do you require any support with?

YES/NO

Setting up and maintaining your tenancy
Reporting repairs

My support needs are?

ENJOY AND ACHIEVE

Do you need help to access community and social activities, rebuilding or strengthening social/family networks, Befriending, or Advocacy support.

YES/NO

If yes, what are your support needs ?

BE HEALTHY

Do you have short term memory loss?

YES/NO

Do you require support with any of the following? (please tick those applicable)

Supervising or monitoring your medication
Supervision and monitoring of your health and wellbeing
Emotional support/ counselling/ advice

Do you need support with any of the following?

Dietary needs
Doctors
Dentist

Social services
Alcohol & drug dependency
Loneliness

My support needs are?

STAY SAFE

Do you feel safe in your present accommodation? YES/NO

If no, why?

.....

Do you require support with?

Safety and security in your home
Personal safety
Having a Community/Social Alarm fitted

My support needs are?

MAKING A POSITIVE CONTRIBUTION

Information and advice to enable greater control, confidence, choice, and involvement.

Do you need support gaining access to other services to enable you to feel more confident and able to become involved in local activities?

Awareness of policies and services
Strengthening community links

Improving your quality of life

My support needs are?

Is there any other Support/Care you require?

Information and help to assist you with independence such as:

- Shopping
- Making meals
- Transport
- Communication
- Personal Hygiene (example, bathing)
- Domestic and life skills

Please indicate the frequency of any Support or Care (daily/weekly) and whether you currently receive that support or Care in your current accommodation.

My support needs are?

My Care needs are?

Mobility:

Do you need help to climb up and down steps and stairs?

YES/NO

Do you need help to access a bath without aids?

YES/NO

Do you currently use any of the following aids in your home? (if yes, please tick those that apply to you)

- Walking Frame
- Wheelchair
- Mobility Scooter
- Stair Lift
- Bath Lift / Hoist
- Alarm Telephone
- Grab Rails
- Walk-in shower
- Shower / Bath Seat

If your application is accepted onto the housing register you will be advised of the type of housing you can bid for. Please note a prospective Landlord may ask you to complete a separate application form and separate assessment form to inform your Support Plan.

What is a Support Plan?

This is a comprehensive confidential document for every person living in Supported, Sheltered or Extra Care accommodation. The Plan will identify the support you need to enable you to live independently and help to provide you with the most appropriate support for your health and wellbeing.

Declaration:

This form provides additional information to my application to join the housing register, and I understand that it is an offence to give false or misleading information, or to withhold relevant information. This information will be used in assessing my housing need and may be shared with other Local Authorities in this scheme, and Registered Providers in relation to my request to join the housing register ,and for re-housing purposes.

I will advise the Council of any change in my circumstances.

Signed: **Date:**

Print name:.....

Address:.....