

## Support Needs Assessment Form

**Tenant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

<b>Budgeting and Debt</b>		
Are you able to <i>open</i> and <i>manage</i> an account into which your DWP benefits can be paid?	<b>Y</b>	<b>N</b>
Do you already have a standard bank account or Post Office account? (If so, which?)	<b>Y</b>	<b>N</b>
Are you able to manage and balance a budget?	<b>Y</b>	<b>N</b>
Where would you go to get help and advice with money matters?		
Are you able to pay your rent/ineligible charges to your landlord? How?	<b>Y</b>	<b>N</b>
Are you currently under appointeeship? If so, who is your appointee?	<b>Y</b>	<b>N</b>
<b>Benefit Claims</b>		
Are you currently receiving DWP benefits? Do you know which you are receiving?	<b>Y</b>	<b>N</b>
How much do you know about the benefits available to you?		
When did you last have an assessment of your entitlement to DWP benefits?		

<b>Cooking and Food Storage</b>		
Are you able to shop for food and groceries? What support would you need to enable you to do this?	<b>Y</b>	<b>N</b>
Are you able to store your food and groceries appropriately? (Can you give examples of what should be refrigerated/frozen/stored in a cool, dark cupboard). What support would you need to enable you to do this?	<b>Y</b>	<b>N</b>
Can you prepare and cook your own meals? What sorts of things can you cook? Do you require any support with this?	<b>Y</b>	<b>N</b>
Do you know what constitutes a healthy diet?	<b>Y</b>	<b>N</b>
Can you maintain a healthy diet? What support would you need with this?	<b>Y</b>	<b>N</b>
<b>Cleaning</b>		
Are you able to undertake basic household cleaning? What support would you need to enable you to do this?	<b>Y</b>	<b>N</b>
Do you know how to use household cleaning products (e.g. bleach) safely? What support would be required?	<b>Y</b>	<b>N</b>

Are you aware of your responsibility to help clean communal areas?	<b>Y</b>	<b>N</b>
Are you able to do your personal laundry? What support would you need to enable you to do this?	<b>Y</b>	<b>N</b>
<b>Using local community facilities</b>		
Do you know what facilities are in this area?	<b>Y</b>	<b>N</b>
Do you know how to access community facilities? (e.g. libraries, leisure centres, parks, clubs, day centres, religious group etc)	<b>Y</b>	<b>N</b>
Which local community facilities would you be interested in using?		
<b>Using Public Transport/Travelling</b>		
Are you able to travel on a bus? (Support needed?)	<b>Y</b>	<b>N</b>
Are you able to travel on a train? (Support needed?)	<b>Y</b>	<b>N</b>
Are you able to travel on the underground? (Support needed?)	<b>Y</b>	<b>N</b>
Do you have a valid Freedom Pass?	<b>Y</b>	<b>N</b>

Are you able to travel in a cab? (Support needed?)	<b>Y</b>	<b>N</b>
Do you know where to find the details of cab firms?	<b>Y</b>	<b>N</b>
How would you maintain your personal safety when travelling on public transport?		
<b>Mobility Needs</b>		
Do you have any special mobility needs that may affect you at home?	<b>Y</b>	<b>N</b>
Do you have any special mobility needs that may affect you outside?	<b>Y</b>	<b>N</b>
What support (if any) do you require with your mobility?		
Do you require any equipment/adaptations/access to service to support you with your mobility needs?	<b>Y</b>	<b>N</b>
<b>Health</b>		
Are you registered with a local GP? (If yes, Who? (Name, address, telephone number) If no, what support is needed to do so?)	<b>Y</b>	<b>N</b>

Do you have any allergies we should be aware of?	<b>Y</b>	<b>N</b>
Do you have any illnesses we should be aware of?	<b>Y</b>	<b>N</b>
Do you fully understand the nature of your illness(es)/allergy(/ies)? If not, what support would you need to do so?	<b>Y</b>	<b>N</b>
Are you able to manage your medical conditions? What support do you require with this?	<b>Y</b>	<b>N</b>
Do you have medication for your medical conditions/allergies?	<b>Y</b>	<b>N</b>
Are all your routine immunisations up to date? (What support might you need to manage this?)	<b>Y</b>	<b>N</b>
Have you seen your GP in the last three years? (If not, you may need a health check/check-up)	<b>Y</b>	<b>N</b>

Do you usually seek treatment when unwell/concerned?	<b>Y</b>	<b>N</b>
How good are you at making and keeping appointments with your GP? (What support would you need with this?)	<b>Y</b>	<b>N</b>
Are you registered with a local optician? Who? (Name, address, phone number). If no, what support would you require to enable you to do this?	<b>Y</b>	<b>N</b>
Approximately how long ago did you have your eyes tested?		
Are you registered with a local dentist? Who? (Name, address, phone number). If no, what support would you require to enable you to do this?	<b>Y</b>	<b>N</b>
Approximately how long ago did you have your teeth checked?	<b>Y</b>	<b>N</b>
How much do you know about sexual health issues, including safe sex, contraception, STDs? (If not much, what support would you need to feel confident in your understanding?)		
Do you know how to access local sexual health services?	<b>Y</b>	<b>N</b>

Mental Health		
Do you have a mental health diagnosis? If so, what?	<b>Y</b>	<b>N</b>
Do you fully understand your diagnosis? (If not, what support would you need to understand better?)	<b>Y</b>	<b>N</b>
Are you currently engaged with mental health services? Do you know which team?	<b>Y</b>	<b>N</b>
Are you able to access appropriate emotional and mental health services? If not, what support would you need to enable you to do this?	<b>Y</b>	<b>N</b>
What extra support have you needed when unwell in the past?		
Who provided this?		
How did you feel about this support? What did you like? What would you change?		
What support might you require from LHT if you become unwell?		

Have you completed a personal crisis plan? If not, would you like to?	<b>Y</b>	<b>N</b>
<b>Managing medication</b>		
Do you manage your own medication? (If not, what support would you require?)	<b>Y</b>	<b>N</b>
<b>Lifestyle</b>		
How healthy is your current lifestyle? What is good and bad about it?		
Do you smoke? (How many per day/week?)	<b>Y</b>	<b>N</b>
Do you drink regularly? (How much, how often?)	<b>Y</b>	<b>N</b>
How much exercise do you do in a week?		
Do you wish to change any of your unhealthy habits? (If so, which? What support would you need?)	<b>Y</b>	<b>N</b>
<b>Personal Hygiene/Care</b>		
Do you need assistance with any of the following?		
Dressing/Undressing	<b>Y</b>	<b>N</b>



Using the toilet?	<b>Y</b>	<b>N</b>
Brushing your teeth?	<b>Y</b>	<b>N</b>
Shaving?	<b>Y</b>	<b>N</b>
Taking a bath/shower?	<b>Y</b>	<b>N</b>
Eating?	<b>Y</b>	<b>N</b>
Getting in and out of bed?	<b>Y</b>	<b>N</b>
Managing your menstrual cycle?	<b>Y</b>	<b>N</b>
<i>If yes, to any of the above, what support is required?</i>		
<b>Employment/Education/Use of Leisure Time</b>		
Are you currently employed in any capacity? If yes, what?	<b>Y</b>	<b>N</b>
If no, would you like to be? What support would you require to enable you to achieve this?	<b>Y</b>	<b>N</b>
Are you currently engaged in any work-related training programmes or schemes? If yes, what?	<b>Y</b>	<b>N</b>
If no, would you like to be? What support would you require to enable you to achieve this?	<b>Y</b>	<b>N</b>
Are you currently engaged in any educational classes/groups/courses? If yes, what?	<b>Y</b>	<b>N</b>

If no, would you like to be? What support would you require to enable you to achieve this?	<b>Y</b>	<b>N</b>
Do you currently attend any clubs/groups/daycentres? If yes, which ones? What support would you need to continue?	<b>Y</b>	<b>N</b>
If no, would you like to be? What support would you require to enable you to achieve this?	<b>Y</b>	<b>N</b>
<b>Access to Careers Services</b>		
Where would you access careers advice? What support would you need to enable you to do this?		
Are you currently interested in accessing careers advice?	<b>Y</b>	<b>N</b>
Do you feel you need to increase your job seeking skills (e.g. interview technique, and completion of application forms)? What support would enable you to do this?	<b>Y</b>	<b>N</b>
Are you aware of workplace expectations, e.g. self-presentation, and time-keeping?	<b>Y</b>	<b>N</b>
Could you meet these expectations? What support might you require?	<b>Y</b>	<b>N</b>

<b>Structured Daytime Activities</b>		
What do you currently do in your spare time?		
Are you interested in finding out about local facilities (leisure centres, libraries etc)? What support would you need to enable you to do this?	<b>Y</b>	<b>N</b>
Are you interested in finding out about local clubs/activities? What support would you need to enable you to do this?	<b>Y</b>	<b>N</b>
Are you interested in finding out about local day centres/drop-ins?? What support would you need to enable you to do this?	<b>Y</b>	<b>N</b>
Would sorts of activities/sports/hobbies would you be interested in?		
<b>Housing</b>		
Do you understand your tenancy agreement?	<b>Y</b>	<b>N</b>
Are you aware of the recycling arrangements for the Project?	<b>Y</b>	<b>N</b>

Do you know what an “emergency repair” is?	<b>Y</b>	<b>N</b>
Do you know what to do if an emergency repair is needed outside of staffed hours? (If no, what support would you need to be confident about this?)	<b>Y</b>	<b>N</b>
<b>Resettlement</b>		
How much do you know about your accommodation options when you leave the project? (If very little, what information would you like, and in what format?)		
What are your preferences for type of accommodation?		
What are your preferred locations?		
Do you know how to access advice on housing?	<b>Y</b>	<b>N</b>
<b>Preparation for resettlement</b>		
How much do you understand about what your rights and responsibilities would be as a tenant?		
How much do you understand about the rights and obligations of		

landlords?		
What support would you need to enable you to learn more about these?		
Do you know about....?		
Getting gas supplied and the charges for this?	<b>Y</b>	<b>N</b>
Getting electricity supplied and the charges for this?	<b>Y</b>	<b>N</b>
Getting water supplied and the charges for this?	<b>Y</b>	<b>N</b>
Getting a landline phone connected, and the charges for this?	<b>Y</b>	<b>N</b>
Getting a TV licence, and the payment options available?	<b>Y</b>	<b>N</b>
What support would you need to enable you to learn more about these?		
Are you aware of ways you may be able to get household items for your move-on accommodation?	<b>Y</b>	<b>N</b>
<b>Health and Safety in the Home</b>		
What do you know about fire safety in the home?		
What do you know about gas safety?		

<p>What would you do if you could smell gas?</p> <p>In staffed hours?</p>   <p>Out of staffed hours?</p>		
<p>What do you know about electrical safety?</p>     		
<p>How would you prevent accidents in the home?</p>     		
<p>How would you call the emergency services?</p>   		
<p>Do you know how to call NHS Direct for out of hours medical advice?</p>	<b>Y</b>	<b>N</b>
<p>What would you do if there was a water leak:</p> <p>In staffed hours:</p>   <p>Outside of staffed hours:</p>		

<p>What would you do if there was an electricity failure?</p> <p>In staffed hours:</p> <p>Outside of staffed hours:</p>		
<b>Security</b>		
How would you keep the house safe and secure?		
How would you keep your own room safe and secure?		
Are you aware that your own personal items are not covered by LHT's insurance?	<b>Y</b>	<b>N</b>
<b>Personal</b>		
How well do you communicate with others? (listen and express what you want to say?) Would you need any support with this?	<b>Y</b>	<b>N</b>
Do you feel able to join in and interact with others in a household setting? Why?	<b>Y</b>	<b>N</b>
How would you deal with disputes with other residents?		

<p>Are you happy with your current social network? What is good about it?</p> <p>What would you change?</p>	<b>Y</b>	<b>N</b>
<p>Is there anyone you would like to re-establish contact with? What support would you need with this?</p>	<b>Y</b>	<b>N</b>
<p>What support would you need to maintain friendships and relationships with family members?</p>		
<b>Substance Use</b>		
<p>Do you consider yourself to have any drug or alcohol problems?</p>	<b>Y</b>	<b>N</b>
<p>Are you currently involved with any substance misuses services (including those that offer aid in quitting smoking or drinking)</p>	<b>Y</b>	<b>N</b>
<p>Are you aware of the health issues related to the use of drugs, alcohol, and tobacco? Would you like to know more?</p>	<b>Y</b>	<b>N</b>



Do you know to access substance misuse services?	<b>Y</b>	<b>N</b>
Are you currently interested in accessing substance misuse services?		
<b>Abuse and Personal Safety</b>		
Can you name some forms of abuse?	<b>Y</b>	<b>N</b>
What would you do if you felt you were being abused?		
How do you protect your personal safety when out and about in the community?		
Have you ever experienced any form of abuse?	<b>Y</b>	<b>N</b>
<b>Cultural Needs</b>		
Is English your first language? If not, what is your preferred language? What other languages do you speak?	<b>Y</b>	<b>N</b>
What are your cultural/religious needs? Is any support required to meet these?		

Are you aware of and able to access any religious/cultural services outside of the Project?	<b>Y</b>	<b>N</b>
<b>Legal Issues</b>		
Are you currently on probation?	<b>Y</b>	<b>N</b>
Are you applying for asylum?		
Any other legal issues?	<b>Y</b>	<b>N</b>
Do you know how to access rights/representation services (e.g. the CAB, local counsellors etc)?	<b>Y</b>	<b>N</b>
Do you have a valid passport or birth certificate?	<b>Y</b>	<b>N</b>

**Client:**
**Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Support Worker:**

**Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_