

# Homelessness Services Assessment

Case Number :  
30/06/2025

Date :

Ref source		Officer name	
Email		Tel	

## CUSTOMER/APPLICANT 1 – BASIC DETAILS

Forename(s)	Test		
Surname	Case		
DOB	<input type="text"/>	Age	<input type="text"/>
NI No	<input type="text"/>		
Tel	<input type="text"/>		
Email	<input type="text"/>		

## CUSTOMER/APPLICANT 2 – BASIC DETAILS

Forename(s)			
Surname			
DOB	<input type="text"/>	Age	<input type="text"/>
NI No	<input type="text"/>		

Current address	<input type="text"/>
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Current address	<input type="text"/>
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## CUSTOMER/APPLICANT 1 – EQUALITIES INFO

First language	
Interpreter needed?	
Gender identity	Male
Does the customer identify as transgender?	
Immigration Status	
Ethnicity	
Sexual orientation	
Religion/belief	

## CUSTOMER/APPLICANT 2 – EQUALITIES INFO

First language	
Interpreter needed?	
Gender identity	
Does the customer identify as transgender?	
Immigration status	
Ethnicity	
Sexual orientation	
Religion/belief	

## OTHER HOUSEHOLD INFO

No other adults & children in the household exist.	<input type="text"/>
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Is Anyone In Household Pregnant?	Due date
Does The Household Have Pets?	Pet details
Brief description of applicant's presenting problems, difficulties or concerns:	

## ACCOMMODATION HISTORY

<input type="text"/>
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## INFORMATION ON LAST SETTLED ACCOMMODATION AND REASON FOR LOSING IT

Last settled address

Last settled tenure type

Last settled accomm type

Cause of homelessness

Verification of facts

Last accomm if different from last settled

## HISTORY IN TEMPORARY ACCOMMODATION

Total number of admissions to temporary accommodation over last 2 years?

## INITIAL NEEDS ASSESSMENT (if joint application consider both individuals)

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### HOUSING APPLICATION

Housing app number	Housing app status
If HA is not live, what are barriers to register it?	

### AGENCIES INVOLVED

List of agencies involved	
Consider self-disabled?	
Extra disability details	
Relevant medical history	
Recent medical/hospital admission?	Has there been a mental health diagnosis?
Employed	In training / education
Brief details of benefits/employment/training/education	

Is housing-related support required in relation to: Please attach any relevant supporting information

housing-related support required in relation to

## INDICATE RISKS IDENTIFIED DURING THE ASSESSMENT PROCESS

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## INITIAL RISK ASSESSMENT (if joint application consider both individuals)

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## INDICATE RISKS IDENTIFIED DURING THE ASSESSMENT PROCESS

**Risk to others**

**Risk to self**

**Other risks / Comments and details**

**Have you ever been refused support and or evicted from housing support services?**

**If yes please provide details**

### \*Additional offender / ex-offender details

**Off manager / case wkr**

**MAPPA level**

**MAPPA category**

**OM team / CRC**

**Date of release / commencement**

**Risk of harm assessed by Probation / YOS**

**SED / order end**

**Probation / YOS status**

**Current offences & dates**

### + Additional children and young people details

**Social work team involved**

**Is there a care / family support plan?**

**Is there a Children's Protection Plan?**

**Will CYPS be responsible for paying rent?**

**Under what duty is support provided?**

## INFORMATION FROM SAR ASSESSMENT

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**Category for Eligibility for Temporary Accommodation**

**Further assessment of Criteria J**

**Type of Duty**

**Category for Eligibility of Floating Support**

**Category for Eligibility of Coaching Support**