



# Assessment Form

## Sheltered Housing and Support

### Guidance Notes

If you are applying for Sheltered Housing you **must** fill in this form along with our housing application form.

Support is given as part of a sheltered tenancy, and may also be provided as a visiting service in your own home.

This questionnaire will let us know what support you currently have, what you need, and will tell us if you are eligible for sheltered housing.

“Housing support” aims to help people to live independently in their own home. This can include:

- advice and assistance with staying safe and secure
- helping with form filling, dealing with bills, daily living and budgeting
- helping people to stay healthy and get help from other agencies
- providing help to get out and about and to enjoy life
- help with maintaining the home and getting repairs done

**Filling in this form:** The questions on this form relate to everyone on your application form. Each question has two parts. Firstly, we ask if you or anyone in your household needs this support. Secondly, we ask if you or anyone in your household, are already getting this support. You could be getting advice and support formally, from Social Services, or informally from family or friends, or you may not be getting help with the support you need.

<b>Your Name</b>		For office use only: HomePoint Application Ref:.....
<b>Additional Household member needing support</b>		Eligible for Sheltered Housing      Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Current Address &amp; Telephone number</b>		Contact applicant for further info .. Yes <input type="checkbox"/> No <input type="checkbox"/>
		Contact applicant to discuss immediate support needs . . . . . Yes <input type="checkbox"/> No <input type="checkbox"/>
		Authorised by: .....
		Authorising Authority.....
<b>Date of Birth</b>		Date: .....

## HOUSING SUPPORT NEEDS

### 1. Keeping Safe in your Home

Do you need advice or help to be safe and secure in your home, for example, by having a telephone alarm system, fire safety systems, using appliances safely, help with moving around indoors, assistance to have a bath or shower ?

Yes

No

If 'yes', do you currently have any help to stay safe?

Yes

No

Please give details:

### 2. Managing Money

Do you need advice or help to budget, pay bills, manage banking, manage debt or apply for benefits?

Yes

No

If 'yes', do you currently receive this advice or help?

Yes

No

Please give details

## HOUSING SUPPORT NEEDS

### 3. Health Needs

Do you need to move into sheltered housing because of health problems?

Yes

No

If Yes, please give details below

### 4. Living Independently

Do you need advice or help in preparing or storing food, using domestic appliances, or equipment, dealing with correspondence, making appointments or getting on with neighbours?

Yes

No

If 'yes', do you currently receive this advice or help?

Yes

No

Please give details:

## HOUSING SUPPORT NEEDS

### 5. Looking After Your Home

Do you need advice or help with doing or arranging minor repairs in the house, or to service household equipment or keep the house clean?

Yes

No

If 'yes', do you currently receive this advice or help?

Yes

No

Please give details:

### 6. Getting Out and About

Do you need help with going shopping, or using other services such as the bank, post office, library or chemist?

Yes

No

If 'yes', do you currently receive this advice or help?

Yes

No

Please give details:

## HOUSING SUPPORT NEEDS

### 7. Socialising

Do you need help to maintain regular contact with family and/or friends or would you like to have more companionship and opportunities to socialise than where you are living at the moment?

Yes

No

If 'yes', do you currently receive this advice or help?

Yes

No

Please give details:

### 8. General Welfare and Communication

Do you need advice or help to communicate with other people or do you need someone to check on your well-being regularly?

Yes

No

If 'yes', do you currently receive this advice or help?

Yes

No

Please give details:

**9. Moving and Settling into a New Home**

Will you need advice and help with making practical arrangements when you move to a new home? Do you need help with choosing your new home? Do you need advice or help to learn new skills in preparation for a move to a new home?

Yes No 

If 'yes' would you like us to contact you to arrange this help?

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**10. People who support you at the moment.**

If you have a social worker, occupational therapist, doctor or other person who helps with your support needs, please provide details:

If this form is being completed by someone who is acting on your behalf, please provide details:

Name/Agency
Job title
Address:
Tel no.

Name:
Relationship to you:
Address:
Tel no.
Legal status (if applicable):

Please continue on back page if you need to include more people.

## HOUSING SUPPORT NEEDS

If you would like to tell us anything else about why you want to move into Sheltered Housing please fill in details below

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<b>SIGNED BY APPLICANT:</b>	
<b>SIGNED BY JOINT APPLICANT:</b>	
<b>Date:</b>	

Please note: You have the right to appeal if you do not agree with the eligibility decision.

**This Form should be returned to:**

**Shropshire Homepoint  
The Gateway  
Auction Yard  
Craven Arms  
Shropshire  
SY7 9BW**

**[www.shropshirehomepoint.co.uk](http://www.shropshirehomepoint.co.uk)**

**Tel: 01588 676246**

**Email: [homepoint@ss-ha.org.uk](mailto:homepoint@ss-ha.org.uk)**