

Stage 1 of Assessment (to be completed on initial presentation)

Section 1: Personal Details

Full Name:			
Last settled address:			
Correspondence address if different:		NI number:	
Contact Tel No:	Mobile Tel No:		
Email contact:			
D.o.B:	Age:	Marital status:	Gender: Male / Female
First Language:		Ethnicity:	
If applying as couple, name of partner:			

British citizen: Yes / No **If no, immigration status:**

Lived in UK for last 5 years: Yes / No

Is young person a parent?	Yes / No		
	Name of child	Age	Sex

Is young person pregnant?	Yes / No	Expected date of delivery:
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Name of parent[s]:	Address & Tel No:

Name of next of kin:	Address & Tel No:

Relationship to young person? ie Mother, Aunt etc:	
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Have next of kin been contacted?	Yes / No
Outcome of contact (including details of any attempted family reconciliation):	

Would further family mediation / Family Intervention Service be appropriate?	Yes / No
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Source of referral:

.....

.....

Section 2: About You

What is your present housing situation? (Why is a referral being made? Where are you currently living?)

What action has been taken to prevent homelessness?

Has a CAF ever been completed with the Young Person? Yes / No
If yes, can a copy be attached to this form?

Section 214 Declaration – signed by young person

I understand that any information given which is found to be false may put any offers of accommodation at risk

I declare that the details given for the purpose of this application are correct

I declare that I have not withheld information

Signed: **Date:**

Consent to Share Information

Name..... Date of birth.....

Address.....

.....

.....

I give my permission for information relating to my accommodation needs, support needs and benefit enquiries to be shared by and between the agencies I have indicated below:

YP signature:

Employment / School / College / Income Details

Are you at School or College? Yes / No

Name of School / College:

.....

What secondary School did you attend / are you attending?

.....

Have you completed / are completing any training?

.....

.....

Are you in employment? Yes / No

Number of hours worked per week:

Employer's Name & Address:

.....

.....

How long have you been employed there?

Income per week:

.....

£

Are you in receipt of / have applied for any benefits (eg. JSA, IS) / Leaving Care Allowance? Yes / No

Please provide details:

Are you in receipt of housing benefit? Yes / No

Do you have any debts? Yes / No

If yes, please provide details:

Section 3: Reason for Homelessness

Please tick reasons why young person is homeless:	✓
Asked to leave by parents	
Asked to leave by other family member / friends	
Eviction by landlord	
Care leaver ready for more independent accommodation	
Leaving custody	
Leaving hospital	
Experiencing or at risk of violence / abuse / serious harassment at current / or previous address	
Fleeing domestic violence	
Sleeping rough	
Other reason – <i>please specify</i> :	

If yes to any of the reasons listed above, please provide details:

Please tick any factors that have contributed to homelessness:		✓
1	At risk of / is experiencing, physical, sexual or emotional abuse	
2	At risk of / experiencing financial/ sexual exploitation	
3	Severe conflict in home, e.g. psychiatric illness / drug use of parents	
4	Has learning disability and is finding it difficult to cope	
5	Is pregnant	
6	Suffering difficulties as a result of mental illness, physical illness or disability	
7	Overcrowding within current housing	
8	Continual arguments in home	
9	At risk of becoming / is involved in offending or anti-social behaviour	
10	Young person unable to live within the rules of the house	
11	At risk of / is involved in substance misuse	
12	Young person not making a financial contribution to current household	
13	Other reason – <i>please specify</i> :	

If yes to 7 – 12, does young person feel their behaviour is impacting on / contributing to the situation at home?

Opinion of assessor to above response:

.....

Are there other family or friends you can stay with?

Relationship	Name	Address	Tel No	Confirmed if can stay / for how long?

Has young person had previous involvement with a social worker? Yes / No

<p>If known, what duty have Children's Services accepted to the young person?</p> <p>Name of social worker:</p> <p>.....</p> <p>Details of social work input (Pathway Plan, etc):</p>		✓
	S17 supported outside care system	
	S20 looked after child	
	Care leaver – Relevant child	
	Care leaver – Former relevant	
	Care leaver – S24 qualifying child	

<p>If known, has Housing Department accepted a statutory homeless duty before or provided Housing Options advice?</p> <p>Name of housing officer:</p>	YES	NO	Pending
<p>Is young person on housing register?</p>	YES	NO	Pending

<p>If young person requires supported lodgings has funding for support charge been agreed?</p>	YES / NO	If yes, who?	Children's Services	Housing
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How long have you lived in Devon?

If less than 6 months, where were you living before / how long were you living there?

Addresses over past 5 years				
Address	Dates lived there	Tenure	Landlord	Reason for leaving / problems managing

Do you owe any rent? Yes / No

If yes, how much?

£

Health and Support

Are you registered with a GP? Yes / No (add name and tel no. in 'Contact Information' – page 11)

Do you have any medical conditions, physical and / or learning disability? Yes / No If yes, give full details:

Do you have emotional / mental health needs? Yes / No If yes, give details:

Self-Harm Yes / No

Depression Yes / No

Anxiety Yes / No

Feeling low / tearful Yes / No

Feeling suicidal / has previously attempted:
Yes / No

Other:
.....
.....

Do you currently take any prescribed medication? Yes / No If yes, give details (what symptoms occur if you do not take your medication?)

Do you have any behavioural issues you need support with, e.g.:

ADHD Yes / No

Autism Yes / No

Aspergers Yes / No

Other:
.....
.....

Do you receive any help from the following:

Community Psychiatric Nurse Yes / No

Psychiatrist Yes / No

Psychologist Yes / No

Community Support Worker Yes / No

Relatives Yes / No

Advocate Yes / No

Other:
.....
.....
.....

Drugs and Alcohol

Do you use drugs? Yes / No

Do you use alcohol? Yes / No

If yes, which drugs / how much / how often?

Last time drugs used:

If alcohol is used, how much consumed / how often / resulting behaviour?

Please give details if drug/alcohol use affected any previous accommodation:

Do you receive on-going drug/alcohol support? Yes / No

If yes, please give details of support given:

Do you wish to receive support? Yes / No

Offending History

Do you have any criminal convictions or cautions? Yes / No

If yes, give dates of convictions and offences – including anti-social behaviour / physical aggression / arson / destruction of property:

Do you have any court dates or Police investigations pending? Yes / No

If yes, what is the charge / alleged offence?

Do you have any licence conditions, restrictions or requirements placed on you? Yes / No

If yes, what are these? – please be specific about places and people:

Has the youth offending service been contacted to verify information? Yes / No

Details:

Contact Information

	Name:	'Phone no:
Social Worker		
Housing Adviser		
Youth Offending Team / Probation		
Connexions Personal Adviser		
Leaving Care Personal Adviser		
Outreach / floating support		
GP		
CPN / psychologist		
Other		

Additional Information

Please provide any further information which may be helpful to this applicant's application:

Are there any reasons why a support worker or other professional should not visit the home address alone? Please give full details:

References

Please provide details of two referees – not a family member or your GP – for supported housing providers to follow up:

Name		Name	
Position		Position	
Address		Address	
Tel No		Tel No	
Email		Email	
How long have you known this person?		How long have you known this person?	
When did you last have contact?		When did you last have contact?	

Signatures of Workers

Name of worker: **Agency:**

Signed: **Date:**

Name of worker: **Agency:**

Signed: **Date:**

Note: Where form completed jointly, both workers should sign the form

***SIGNATURE – if young person has completed this form [see page 1]**

Signed: **Date:**

Stage 2 of Assessment (to be completed by YPAR Supported Housing Provider)

Assessment of Need

<u>Please mark any identified additional needs:</u>	YP to complete	Assessor to complete
	1 – 5 [1 low need – 5 high need]	1 – 5 [1 low need – 5 high need]
Mental / physical health problems		
Learning disability / special educational needs		
Evidence of neglect		
History of support from Social Services		
Serious risk / experience of offending		
Serious risk / experience of substance abuse		
Serious risk / experience of alcohol abuse		
Risk / experience of sexual, physical or emotional abuse		
Risk / experience of financial exploitation		
Risk / experience of sexual exploitation		
Risk / experience of violence		
Emotional instability		
Disturbed pattern of carers		
Pregnant / dependent child		
History of running away from home		
History of self-harming		
History of homelessness		
History of anger management / behavioural problems		
Care Leaver		
Other:		

Please provide details of the needs you have marked:

Support Needs

Please mark any support needs:

1 – 5 [1 low need – 5 high need]		1 – 5 [1 low need – 5 high need]		1 – 5 [1 low need – 5 high need]	
Budgeting / bills / benefits		Shopping		Drugs / alcohol	
Debts		Form filling		Emotional support	
Preparing / cooking meals		Decorating / DIY		Employment / careers	
Household tasks		Parenting skills		Literacy skills	
Liaising with agencies		Furniture		Self-medication	
Dealing with a crisis		Travelling		Offending	
Physical health		Mental health		Other:	
Other:		Other:		Other:	

Please provide full details and information of which agencies have been contacted to provide support for the needs marked:

With reference to the above – is high, medium or low level Supported Accommodation required?

Assessment of Risk YP may present <i>[please tick as appropriate]</i>	High	Medium	Low
TO: Other YP			
Staff			
Public			
Property			
Severity of consequence			
Any mitigating factors / triggers:			

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Signed: **Date:**

Equal Opportunities Monitoring

We would like to ensure that all applicants have a fair chance of being housed regardless of their ethnic origin, colour, sex, or disability. To help us achieve this aim, please complete the following information for the applicant by ticking the relevant box.

What would you consider your ethnic group to be? I'd prefer not to answer this question

A	White		D	Black or Black British	
	<input type="checkbox"/>	British		<input type="checkbox"/>	African
	<input type="checkbox"/>	Irish		<input type="checkbox"/>	Caribbean
	<input type="checkbox"/>	Other, please specify:		<input type="checkbox"/>	Other, please specify:

B	Mixed		E	Chinese or other ethnic group	
	<input type="checkbox"/>	White and Asian		<input type="checkbox"/>	Chinese
	<input type="checkbox"/>	White and Black African		<input type="checkbox"/>	Other, please specify:
	<input type="checkbox"/>	White and Black Caribbean			
	<input type="checkbox"/>	Other, please specify:			

C	Asian or Asian British	
	<input type="checkbox"/>	Bangladeshi
	<input type="checkbox"/>	Indian
	<input type="checkbox"/>	Pakistani
	<input type="checkbox"/>	Other, please specify:

Are you registered disabled?	
<input type="checkbox"/>	Prefer not to answer
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Please state your religion, if any:

<input type="checkbox"/>	Prefer not to answer	<input type="checkbox"/>	Atheist
<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Christian
<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Jewish
<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Sikh
<input type="checkbox"/>	None	<input type="checkbox"/>	Other, please specify:

How would you define your sexuality?

<input type="checkbox"/>	Prefer not to answer
<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Heterosexual
<input type="checkbox"/>	Homosexual
<input type="checkbox"/>	Lesbian