

PART A - INITIAL ASSESSMENT

Team		Lead Worker		Date	
Phone:		Email:		Fax	
Hospital/Borough					

Bed Type					
<input type="checkbox"/> TB	<input type="checkbox"/> Eastern European		<input type="checkbox"/> Ex-Force Personnel		
<input type="checkbox"/> Pathway	<input type="checkbox"/> Couple		<input type="checkbox"/> Reconnection		
<input type="checkbox"/> Trafficking	<input type="checkbox"/> Crisis/emergency		<input type="checkbox"/> Generic/spot purchase		

Purchase information					
Department / Agency / Organisation	Authoriser	Address & contact		Purchase Order Number:	
Date moving in		Planned date moving out (up to 7 nights)		Price per night (from the email)	

Person's Details					
Name					
Date of Birth		Age		Estimated	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say <input type="checkbox"/>				
MAPPAs		Yes <input type="checkbox"/> No <input type="checkbox"/>	Sex Offenders Register		Yes <input type="checkbox"/> No <input type="checkbox"/>
Safeguarding Referral required		Yes <input type="checkbox"/> No <input type="checkbox"/>	MARAC referral required		Yes <input type="checkbox"/> No <input type="checkbox"/>
Ethnicity					
White or White British <input type="checkbox"/>	Asian or Asian British <input type="checkbox"/>	Middle Eastern <input type="checkbox"/>	Other:		
Black or Black British <input type="checkbox"/>	Gypsy/Romany/Traveller <input type="checkbox"/>	Mixed Ethnicity <input type="checkbox"/>	Declined <input type="checkbox"/>		
Nationality		CHAIN Number		When verified	
NI Number		GLA List (205 etc.)		Sexuality	
Hospital No.		NHS No.			
Email Address				Mobile No	



Where are they now? Rough sleeping? Yes No
 Specify address/sleeping site

What happened? Why homeless/rough sleeping? *Include - last settled base and reason for leaving; where have they have been in the past three months; contact with HPU/other agencies; any stays in hospital/prison: where is their local connection; any issues of domestic violence/offences/ASBOs.*

What help do they feel they need, and why are they seeking help NOW?

Preferred language		Spoken English	H <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	None <input type="checkbox"/>
Date arrived in UK (last time)		Date of first entry to UK		How did you enter the UK ?		
Identification type		Issue date:	Seen : Yes <input type="checkbox"/> No <input type="checkbox"/>			
		Expiry date :				

Relationships:					
Are you in a relationship?	Yes <input type="checkbox"/>		Are the important people in your life in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, where are they?		Do you have children?	Yes <input type="checkbox"/>	Where are they?	No <input type="checkbox"/>
		No <input type="checkbox"/>			
Important people:	Relationship	Name	Address	Contact	

Benefits		
Type of benefit/income	Weekly amount	Date started
<i>If none, why not? (e.g. No recourse to public funds, failed claim, failed HRT)</i>		
If claiming, which office?		
Outstanding loans/debts	Y <input type="checkbox"/> N <input type="checkbox"/>	Details (Type, amount, payment required):

Immigration Status					
Asylum appellant	<input type="checkbox"/>	Asylum seeker	<input type="checkbox"/>	Over stayer	<input type="checkbox"/>
Exceptional leave	<input type="checkbox"/>	Failed asylum seeker	<input type="checkbox"/>	Failed HRT	<input type="checkbox"/>
Illegal entrant	<input type="checkbox"/>	Indefinite leave to remain	<input type="checkbox"/>	Student visa	<input type="checkbox"/>
Refugee	<input type="checkbox"/>	Discretionary/limited leave	<input type="checkbox"/>	Other	<input type="checkbox"/>

Immigration status details (including dates visa ending):	
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Institutional History			
Armed Forces	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates	
In care?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates	
Custodial history	Yes <input type="checkbox"/> No <input type="checkbox"/>	As above	
Date (most recent first)	Length of sentence	Offence	Prison
Under court order/probation order/ASBO? <i>Please give details:</i>			

Links to Other Agencies		
Agency	Name of Worker/Office	Contact Details
GP registered Y <input type="checkbox"/> N <input type="checkbox"/>		
Drug/DIP/alcohol worker/counsellor		
Advice service (e.g. daycentre, CAB)		
Other: (e.g. social worker, key worker, solicitor)		

Who is / are the people you would like us to contact in an emergency?		
Relationship	Address	Phone/email
Does the person give permission to contact next of kin and share information?		Yes <input type="checkbox"/> No <input type="checkbox"/>



Housing History and Experience – this should be filled out fully to maximise the chance of success in the person’s next accommodation stay.

Location/address (inc. borough/local authority)	Accommodation type	From	To	Reasons for leaving

Arson (any history and in what context):

Experience of housing – behaviour (*how do they live with others in communal accommodation; any history of neighbour disputes; how they are when they drink; any history of violence/ criminal damage; any triggers/management of issues*)

Life skills (*budgeting; self care; care of room/communal areas; self catering/cooking*):

Brief Needs Assessment

Physical Health Issues (specify the person’s physical health needs)

Hearing impairment Blind/sight impairment Mobility difficulties Skin disease Hep C HIV
 Diabetes TB Stroke Respiratory disease Liver/kidney disease Heart disease
 BBV Tested Y N BBV Treatment Y N
 Other:

Elaborate on the details above including treatment/medication. Do they have any mobility problems? Do they have any issues around personal hygiene?

Mental Health Issues (specify the person's mental health needs)

Please give details of any past or current mental health problems including contact with mental health services and treatment (hospital admission, talking therapies and prescribed medication):

Have they been given a mental health diagnosis?

Have they ever attempted suicide or self harm?

Would they like to talk to someone about your mental health?

Substance Misuse						
Alcohol Use Assessment						
	0	1	2	3	4	POINTS
How often do they have a drink containing alcohol?	Never <input type="checkbox"/>	Monthly or less <input type="checkbox"/>	2 to 4 times a month <input type="checkbox"/>	2 to 3 times a week <input type="checkbox"/>	4 or more times a week <input type="checkbox"/>	
How many units they have on a typical day when you are drinking?	2 to 4 <input type="checkbox"/>	6 to 8 <input type="checkbox"/>	10 to 12 <input type="checkbox"/>	14 to 18 <input type="checkbox"/>	20 plus <input type="checkbox"/>	
How often they have four or more drinks on one occasion?	Never <input type="checkbox"/>	Less than monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily <input type="checkbox"/>	
1 can strong cider @ 7.5% - 3.1 units 1 can super strength @ 9@ - 4 units	1 can strong lager @ 6% - 2.5 units 1 litre strong cider @ 7.5% - 7.5 units	1 can normal @ 5% - 2.2 units 1 bottle sherry @ 17.5% - 13.25 units	Total Points			

Drug Use Assessment					
Type of drug	Method (IV / Oral/ Piping / Sniffing)	How often? (Daily/weekly/etc.)	The amount £/gr/Bag	Age of first use	In what environment do you take this drug? (e.g. alone, with others)
Crack / Cocaine					
Heroin					
Cannabis					
Benzos (valium, temazepam, etc.)					
New Psychoactive Substances (Club drugs, 'Legal Highs' Chem-sex)					
Methadone amps /Methadone liquid/ Subutex					
Amphetamines					
Solvents					
Other (please specify)					
Prescription Medication					
Has this caused problems? e.g. financially, with accommodation, with relationships, with police/legal system?					
What is the nature of drug and alcohol use? What is behaviour like when under the influence of alcohol/drugs? Any history of overdose? Have there been any recent changes in drug use?					
Has the individual been linked to any drug or alcohol support services not mentioned above? (include information on detox and rehab treatment)					

Further Needs Assessment	Details	If Yes Action/Referrals
Disability (Learning, physical – are they registered?)		

Gambling Problems Have you ever bet more than you could afford to lose?		
Anti-Social Behaviour; (begging, drinking, ASBO)		
Victim/Perpetrator of Violence/Bullying. DV		
Legal Issues (in England/home country)		
Literacy/Numeracy Do you ever have difficulty reading written materials like letters, forms and newspapers		
English Language		
Relationships (Friends, family – in or out UK, children, are they in a couple)		
Dog Owner		
Pregnant		
Social Services		
Offending History		

Sexual Behaviour and Relationships *(Does the person display inappropriate sexual behaviour towards others? Is there a history of committing sexual offences? Does the person sex work? Have they been a victim of domestic violence or sexual attack?)*

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Employment History

Employment status			Position	
Job title/description	From	To	Experience and reason for leaving	



Qualifications			
Description of readiness to work (<i>How are they getting back into work?; volunteer; mentor; work with DWP, work agencies</i>):			

Any further information? (lacking information/unable to assess for other reasons?)
Action Plan (What is the person's plan/ future aspirations; what signposting and advice was offered; further assessment, what is the resettlement offer; if not reconnection why not?)
PART B - Initial Risk Management and Move – In Plan Date Plan Devised:

Vulnerable			
	History? Give details	Current? Give details	Risk management plan:
Domestic violence			
Isolation			
Exploitation by others/trafficked			
Personal care/hygiene			
Risk to self			
	History? Give details	Current? Give details	Risk management plan:
Suicide attempt / self harm			
Physical health concerns			
Use of drugs / alcohol			
High risk IV practices			
Dangerous withdrawal symptoms			

MH concerns / diagnosis			
Cognitive impairment			
Poly drug use			
Accidental overdose			
Self neglect			
Risk to others			
	History? Give details	Current? Give details	Risk management plan:
Incidents of violence			
Risk to children			
Violence/aggression/threats			
Harassment of others			
Convictions for violence			
Carried weapons			
Unsafe disposal of sharps			
Arson			
Contact with Services			
	History? Give details	Current? Give details	Risk Management Plan:
Persistent offending			
Disengagement with MH services			
Erratic engagement with services			
Evicted from accommodation			
Health and safety concerns			
Sectioned under MH act			
Disengagement with substance misuse services			
Abandoned accommodation			
Damage to property			
Difficulty maintaining benefits			