

**PLEASE BE CERTAIN THAT YOU RESPOND ACCURATELY TO ALL THE QUESTIONS. FAILURE TO DO SO WILL JEOPARDISE YOUR LICENCE AGREEMENT SHOULD YOU BE OFFERED ACCOMMODATION AT THE PROJECT BY SIGNING BELOW YOU ARE STATING THAT YOU UNDERSTAND & ACCEPT THE ABOVE CONDITION.**

**Please sign.....**

**ST EDMUNDS CHARITY  
HOUSING/LIVING PROJECT  
ASSESSMENT FORM  
SEPTEMBER 2017**

DATE OF ASSESSMENT.....

HOW WOULD YOU DESCRIBE YOUR HOUSING PROBLEM WITH ALCOHOL / DRUGS?

PERSONAL DETAILS

NAME D.O.B.

ADDRESS TEL. No.

DO YOU CLAIM HOUSING BENEFIT FOR THIS ADDRESS?

REFERRAL SOURCE

MARITAL STATUS

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NEXT OF KIN DETAILS

NAME

ADDRESS TEL No.

RELATIONSHIP TO YOU

FAMILY CIRCUMSTANCES

**FINANCIAL INFORMATION**

NATIONAL INSURANCE No:

**PRESENT SOURCE OF INCOME:**

DWP BENEFITS

WEEKLY / FORTNIGHTLY / MONTHLY AMOUNT

**ANY OTHER INCOME**

WEEKLY / FORTNIGHTLY / MONTHLY AMOUNT

**ARE YOU PAID INTO A BANK A/C, B/S A/C OR P/O A/C?**

WHAT IS YOUR PAY DAY?

DO YOU HAVE ANY MONEY STOPPED FROM YOUR BENEFIT(S)?

HOW MUCH?

WHAT IS IT FOR?

HAVE YOU HAD ANY HOUSING RELATED DEBTS IN THE PAST 5 YEARS?

YES / NO

PLEASE SIGN TO CONFIRM .....

DO YOU HAVE ANY OUTSTANDING RENT ARREARS/HOUSING BENEFIT THAT MAY EFFECT YOUR HOUSING BENEFIT RELATED CLAIM WITH ROCHDALE COUNCIL?

DO YOU HAVE ANY OTHER DEBTS?

ARE YOU INVOLVED IN ANY LEGAL PROCEEDINGS?

ARE YOU IN CONTACT WITH ANY OTHER AGENCIES?

e.g. Probation Service

**HAVE YOU EVER SERVED A CUSTODIAL SENTENCE?** Please give full details.

HAVE YOU EVER BEEN CONVICTED OF ANY OF THE FOLLOWING:-

DRINK DRIVING

DRUNK & DISORDERLY

SHOPLIFTING

GBH

ABH

ANY SEX CRIMES

ARSON

DRUG DEALING

OR ANY OTHER OFFENCES

HAVE YOU ACTUALLY EVER BEEN ACCUSED, BUT NOT CONVICTED, OF ARSON OR A SEX CRIME? Please give full details.

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**HEALTH INFORMATION**

PRESENT GP

LENGTH OF TIME OFF SICK

ADDRESS

TELEPHONE No.

HOW WOULD YOU DESCRIBE YOUR PRESENT GENERAL **PHYSICAL** HEALTH?

HAVE YOU HAD ANY OF THE FOLLOWING:-

H.I.V. TEST

HEP C TEST

LIVER FUNCTION TEST

IF YES, WHEN WAS THE LAST TEST & WHAT WAS THE RESULT?

**DO YOU HAVE ANY CHRONIC MEDICAL CONDITIONS SUCH AS:-**

ASTHMA

STOMACH ULCERS

DIABETES

BACK PROBLEMS

SKIN PROBLEMS

OSTEO OR RHEUMATOID ARTHRITIS

HEARING PROBLEMS

SIGHT PROBLEMS

ANY OTHER CHRONIC MEDICAL CONDITIONS?

**ARE YOU SEEING A CONSULTANT / ATTENDING HOSPITAL AT PRESENT?**

FOR WHAT REASON?

**ARE YOU HAVING, OR HAVE YOU EVER HAD, ANY PSYCHIATRIC TREATMENT OR ARE YOU CURRENTLY SEEING ANY SORT OF MENTAL HEALTH WORKER?**

**DO YOU SUFFER FROM ANY OF THE FOLLOWING:-**

PSYCHOSIS

ANXIETY / PANIC ATTACKS

DEPRESSION

SCHIZOPHRENIA

PARANOIA

SHORT TERM MEMORY LOSS

HAVE YOU EVER SUFFERED FROM ANY MENTAL HEALTH PROBLEM NOT LISTED ABOVE?

IF 'YES' PLEASE GIVE DETAILS

**ARE YOU ON ANY MEDICATION?**

S.E.C. Service Users are free to take **Campral** on a prescribed basis while on placement with us if they feel this medication is helpful. SEC Service Users are **not** permitted to take **antabuse** or **hemenevrin**.

**NB If any prospective service user states that they are taking naltroxene, please see project manager.**

Please list **all** medication you are currently taking, prescribed or 'over the counter'.

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HAVE YOU EVER MISUSED PRESCRIBED MEDICATION?

IF 'YES' WHAT WAS THE MEDICATION & WHEN WAS THE LAST TIME YOU MISUSED IT?

HAVE YOU EVER MISUSED OVER THE COUNTER MEDICATION?

IF 'YES' WHAT WAS THE MEDICATION & WHEN WAS THE LAST TIME YOU MISUSED IT?

HAVE YOU EVER TRIED TO HARM YOURSELF?

IF 'YES' WHAT DID YOU ATTEMPT & WHEN WAS THE LAST TIME YOU TRIED TO HARM YOURSELF?

EXAMPLES OF HARM ARE: ASPHYXIATION, CUTTING, BLOOD 'LETTING', WALKING IN FRONT OF MOVING TRAFFIC - BUT PLEASE LIST ANY SELF HARM YOU HAVE ATTEMPTED TOGETHER WITH THE DATE OF YOUR LAST HARM ATTEMPT.

**DRINKING & TREATMENT HISTORY**

WHAT AGE WERE YOU WHEN YOU STARTED DRINKING?

WHAT AGE WERE YOU WHEN YOU BECAME DEPENDENT?

WHEN DID YOU LAST HAVE AN ALCOHOLIC DRINK?

HAVE YOU EVER UNDER TAKEN ANY OF THE FOLLOWING DETOX METHODS:-

A HOME MEDICAL DETOX?

IF 'YES' HOW MANY & WHAT WAS PRESCRIBED?

WHEN WAS YOUR LAST HOME MEDICAL DETOX?

A HOSPITAL OR CLINIC DETOX?

IF 'YES' HOW MANY?

WHEN WAS YOUR LAST HOSPITAL / CLINIC DETOX?

HAVE YOU EVER GONE COLD TURKEY?

IF 'YES' HOW MANY TIMES & WHEN WAS THE LAST TIME?

HAVE YOU EVER HAD DT'S AS IN SWEATS & SHAKES?

HAVE YOU EVER HAD DT'S AS IN AUDIO OR VISUAL HALLUCINATIONS - OR BOTH?

HAVE YOU EVER HAD ALCOHOLIC FITS?

HAVE YOU EVER HAD ALCOHOLIC BLACKOUTS

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**HAVE YOU EVER USED ANY OTHER SUBSTANCES –EVER – SUCH AS:-**

HEROIN	DATE OF LAST USE
COCAINE	DATE OF LAST USE
CANNABIS	DATE OF LAST USE
E's	DATE OF LAST USE
CRACK	DATE OF LAST USE
SPEED	DATE OF LAST USE
SPICE	DATE OF LAST USE
ACID	DATE OF LAST USE
MAGIC MUSHROOMS	DATE OF LAST USE
GLUE	DATE OF LAST USE
AEROSOLS	DATE OF LAST USE

LIGHTER GAS / FLUID

DATE OF LAST USE

ANY OTHER SUBSTANCES WITH DATE(S) OF LAST USE:

**DRUG USE: HAVE YOU EVER INJECTED ANY DRUGS IN THE PAST ?**

IF YOU ANSWERED 'YES' TO THE ABOVE QUESTION DID YOU EVER SHARE ANY PERSONAL EQUIPMENT.

**PLEASE TELL US ABOUT ANY HOUSING PROBLEMS YOU ARE EXPERIENCING AT THE PRESENT TIME THAT COULD AFFECT YOUR ACCOMMODATION NEEDS.**

**DO YOU HAVE ANY CULTURAL / RELIGIOUS NEEDS?**

**ARE YOU INVOLVED IN ANY OF THE FOLLOWING ON A **REGULAR** BASIS?**

SPORTS / HOBBIES

FURTHER EDUCATION

JOB RETRAINING

VOLUNTARY WORK

SOBRIETY SUPPORT GROUPS

ANYTHING ELSE NOT MENTIONED

**RELATIONSHIPS**

ARE YOU IN A RELATIONSHIP AT PRESENT?

DOES YOUR PARTNER HAVE A PROBLEM WITH ALCOHOL/DRUGS?

WHO ARE THE PEOPLE CLOSEST TO YOU AT PRESENT?

HOW WOULD YOU DESCRIBE THE ABOVE RELATIONSHIP(S)?

**USE OF TIME**

WHEN DID YOU LAST WORK?

WHAT WERE YOU EMPLOYED AS?

DO YOU FEEL CONFIDENT IN THE FOLLOWING AREAS?

COOKING

CLEANING

SHOPPING

BUDGETING

WASHING / IRONING

BASIC HOME MAINTENANCE SUCH AS CHANGING A PLUG ETC.

FORM FILLING

DEALING WITH EXTERNAL AGENCIES

***BEFORE SIGNING PLEASE TAKE A MOMENT TO READ THROUGH WHAT YOU HAVE TOLD ME TO ENSURE THAT IT IS ACCURATE***

.....  
ASSESSEE

.....  
STAFF MEMBER

.....  
DATE

OUTCOME OF INTERVIEW



**SERVICE USER / APPLICANT EMERGENCY HOUSING ACCOMMODATION DETAILS**

SERVICE USER / APPLICANT: .....

FLAT NO: ..... (if applicable)

AT: 87 / 110 (delete as appropriate if applicable)

SHOULD A SITUATION ARISE WHEREBY YOU WERE TO NEED EMERGENCY HOUSING ACCOMMODATION, HAVE YOU ANYWHERE TO GO? (i.e. PARENT, FRIEND, PARTNER)

YES / NO (delete as appropriate)

IF "YES" PLEASE GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF PERSON WILLING TO OFFER EMERGENCY ACCOMODATION:

NAME: .....

ADDRESS: .....

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.....

.....

TELEPHONE NUMBER: .....

Signed: .....

date: .....

