

# Support Needs Self Assessment Form



**Please complete this form if you feel you will benefit from living in older people's housing (sheltered housing).**

This form will help us assess your specific support requirements that will enable you to continue to live independently. You can highlight any concerns you have now, or think you may have in the future, with aspects of daily living, such as managing security, finances, employment, social networks, health or general well-being.

A separate form will need to be completed for each person in your household. For help in completing the form, please ring 01273 294400.

Applicant's name

Date of birth \_\_\_ / \_\_\_ / \_\_\_

Current address

Homemove reference number

**If you have undertaken an Adult Social Care or NHS Assessment, please give us your CareFirst / NHS Number or your Care Co-ordinator's details below.**

## 1. Can you do the following tasks independently?

	Yes	No	Please describe the help you need
Take medication			
Use the bath or shower / wash			
Get out of a chair			
Get out of bed			
Dress			
Eat and drink			
Cook			
Use the toilet			
Collect pension / pay bills			
Housework / Laundry			
Use gas and electrical appliances			
Get out and about			

**2.** Do you currently receive support or assistance from friends or family?

Yes  No

If yes, please give details

**3.** Do you have concerns about your mental health (this can include issues around depression)?

Yes  No

If yes, please give details

**4.** Do you need advice or help in managing income, applying for welfare benefits or managing a tenancy agreement?

Yes  No

If yes, please give details

**5.** Do you ever feel isolated where you currently live?

Yes  No

If yes, please give details

**6.** Do you need advice or help to keep safe in your home? For example, using equipment safely or locking up at night.

Yes  No

If yes, please give details

**7.** Do you need advice or help in accessing leisure activities? For example, help to participate in clubs, pursue hobbies, access to cultural or religious groups or to participate in learning activities to help build confidence.

Yes  No

If yes, please give details

**8.** Do you need advice or help to enter or remain in employment or voluntary work?

Yes  No

If yes, please give details

**9.** Please use the space below to tell us about any other support needs you have? This can include support around a substance misuse issue, mental health issue or any other health condition.

## 10 Declaration

I confirm that the information provided in this form is, to the best of my knowledge, correct:

### Signature of person with support requirements

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If someone has completed this form on behalf of the person with support requirements, please tell us who below.

Name

Contact number

The information held on this form will be used to assess any support requirements for re-housing. The information that you provide will be treated in the strictest confidence.

If you do not wish to complete this form for any reason, but still wish to make any health or support requirements known, please phone the Homemove team on 01273 294400.

**Please return this form to Homemove, 4th Floor, Bartholomew House, Bartholomew Square, Brighton, BN1 1JP.**

### Office use only:

None  Low  Medium  High



**Brighton & Hove  
City Council**