



**Housing Support**

127A Vernon Road  
Kirkby in Ashfield  
Notts.NG17 8ED

**Tel:** 01623 484864

**Fax:** 01623 484861

**E-mail:** [housingsupport@thekirkbytrust.org.uk](mailto:housingsupport@thekirkbytrust.org.uk)

**Website:** [www.thekirkbytrust.org.uk](http://www.thekirkbytrust.org.uk)

**Referral /Needs Assessment Form**

Name \_\_\_\_\_

Date \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Present Address (stayed last few days) \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_ Contact Number \_\_\_\_\_

\_\_\_\_\_

National Insurance Number \_\_\_\_\_

Claiming Benefits (which ones) \_\_\_\_\_

\_\_\_\_\_ Care Leaver Yes/No

\_\_\_\_\_

**If Agency Referral please complete details**

Referral by \_\_\_\_\_

Contact Details \_\_\_\_\_

\_\_\_\_\_

Where did you hear about the Service? \_\_\_\_\_

What Support are you offering at the moment? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Has the following been explained to you?</b>	<b>YES</b>	<b>NO</b>
The Service and type of support we can offer		
Child Protection Policy		
Referral Process		
Complaints Policy		

**Please complete the Needs Assessment Tick List**

<b>PLEASE TICK ANY AREAS YOU NEED SUPPORT IN</b>		<b>YES</b>	<b>NO</b>
1.	Living in your own tenancy		
2.	Wishing to move from existing tenancy/home		
3.	About to be made homeless/ evicted within next 28 days		
4.	Building up support network to rely upon		
5.	Contacting agencies on your behalf		
6.	Claiming full benefit entitlement		
7.	Budgeting your money		
8.	Debts/rent arrears		
9.	Drug/substance use		
10.	Alcohol		
11.	Gambling		
12.	Mental/physical health		
13.	Learning/physical disability		
14.	Personal problems		
15.	Are you pregnant		
16.	Starting Work/Education		
17.	Cultural/Religious requirements		

<b>Do you have any of the following</b>		<b>Yes</b>	<b>No</b>
18.	Any other workers supporting you		
19.	Children or dependants		
20.	Previous or pending criminal convictions		

	<b>Yes</b>	<b>No</b>
Do you feel a lone worker may be at risk when visiting you?		

### Assessment Details

Please list any requirements you may have E.G Do you need an interpreter? Do you require wheelchair access? Support from a friend or relative during the assessment? Would you prefer a male or female support worker?

Please list any information that you feel is important for our service to know about including more about your current situation.

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	Date
Signature of worker completing the form	
Signature of Young Person applying for support (If present)	

**Thank you for taking the time to complete this form, if you have any comments about our Service please contact us.**

For Housing Support Office Use Only		
Date Referral received		Staff Signature
Date contacted on		Staff Signature
Assessment date arranged for		Staff Signature

