

Greenhouse Community Project (Example template)

Needs Assessment



SUPPORT ACTIVITIES

Name prospective resident: <NAME HERE>

Please Note: There will be some repetition of information asked for on page 2 that has been gathered already from the referral form. This can be populated on page 2 prior to the interview assessing the prospective resident's needs.

Personal Details (all compulsory)	
Title (Mr, Miss, Ms):Ms Gender: Full Name: Alias (Name otherwise known as): Preferred First Name (The name the person prefers to be known as):	D.O.B: Age: Marital Status: National Insurance Number (Required for accessing benefits): Housing Benefit Reference Number:
Address: Post Code: If no fixed above please state:	Is the person in another support service? Yes / No Full Address:

Is the person in prison or a rehabilitation service? Yes / Full Address:	Telephone No. Day (Full no. including area code): Evening (Full no. including area code):
Identify category of primary need: i.e. ex-offender, Homeless, Drug and/or alcohol misuser, Mental Health	List medication currently taken:
Benefits (please identify benefits person is in receipt of):	Date assessment of support undertaken:
Name of assessment officer:	Date assessment to be reviewed:

Personal History	
Family background / upbringing	

Accommodation history	
Substance misuse history	
Employment history	

Criminal record / history	
Physical / emotional & mental health history	

Current Support Needs

Please emphasize aspect of behaviour and support needs as at present

1. ..
2. ..
3. ..
4. ..
5. ..
6. ..
7. ..
8. ..
9. ..
10. ..

_____ who is _____ leader _____ at _____Greenhouse_____ helped me to produce this Summary.

I can confirm it is an accurate description of my personal history and support needs.

Signed by prospective resident: _____

Print Name of prospective resident: _____

Date: _____

No	Support	Support likely to be used?	Description of how this support will be provided for this resident. List examples of the support that will be given.
1	Support in ensuring that the resident fully understands this license agreement	Yes / No	
2	Assisting with practical day to day needs as required	Yes / No	

3	General counselling and befriending	Yes / No	
4	Life Skills training	Yes / No	
5	Advising on the use of equipment within the property	Yes / No	
6	Advising on maintaining the security of the building	Yes / No	

7	Advising on reporting maintenance issues	Yes / No	
8	Encouraging social interaction with individuals in the immediate and nearby vicinity	Yes / No	
9	Assistance and advice on dealing with tension or disputes with neighbours	Yes / No	
10	Arranging social events	Yes / No	
11	Advising or assisting on correspondence or interaction with Housing Benefit or other agencies relating to	Yes / No	

	sustaining their residency in the property		
12	Advice and assistance on accessing care, support and counseling services from appropriate bodies that will have a positive impact on the welfare of the resident	Yes / No	
13	Advice on community facilities and resources	Yes / No	

14	Accompanying to service providers and other resources relevant to their support plan	Yes / No	
15	Supporting in accessing education, training and employment	Yes / No	
16	Providing close contact with care services and relatives of the resident if and when appropriate	Yes / No	
17	Assisting the resident to be in a place where he/she can move into more independent accommodation	Yes / No	

18	Advising on resettlement options	Yes / No	
19	Advising on dealing with the police and legal system	Yes / No	
20	Other support provided by the Landlord from time to time	Yes / No	

This assessment was undertaken on the _____ and is an accurate description of my support needs.

Signed (prospective resident):

Print Name: _____

Assessment undertaken by:

Signed (support worker): _____

Print Name: _____