

SUPPORTED HOUSING PROVIDER READY TO MOVE (R2M)

This form should be completed by a professional who knows the Service User well enough to make an accurate assessment of his/her ability to successfully maintain their own accommodation with or without support.

Please attach any supporting letters from other organisations involved regarding the persons readiness to move on.

Service User Details			
Name		Date of Birth	Age
Address			
Contact N°			
Signature		Date	

Worker's Details			
Name		Position	
Organisation			
Contact N°			
Signature		Date	

Please complete the following sections as accurately as possible providing evidence where necessary. In the 'Evidence' column make a note of anything that demonstrates that the person can manage, or understands how to manage, in that area.

Service user history and outstanding issues

Please provide information on why the service user initially needed supported accommodation?

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Prior to entry into supported accommodation were there any breaches of tenancy other than rent arrears or was NTQ served? Please give details.

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Please provide information on any vulnerability issues and measures put in place to manage these e.g. mental health diagnosis and ongoing treatment/medication:

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If there has been ASB whilst in supported accommodation, please provide the dates and further details:

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Please provide any previous address history not included on application form:

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Please give details on any current or previous rent arrears, and provide information on if the service user has a payment plan etc:

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Length of time spent in supported accommodation

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Has the service user been subject to eviction proceedings or served with NTQ whilst in supported accommodation?

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Service user now ready to move:

Examples of Evidence:

- 1) The person pays their rent/ineligible regularly in their current accommodation;
- 2) The person has taken part in a relevant life-skills session; or
- 3) The person fills in their own benefit forms.

Assessment Area Tenant Rights & Responsibilities	Can they manage?	Evidence
Understands Tenancy Agreement	<input type="checkbox"/> Y <input type="checkbox"/> N	
Being a responsible neighbour	<input type="checkbox"/> Y <input type="checkbox"/> N	
Managing visitors & their behaviour	<input type="checkbox"/> Y <input type="checkbox"/> N	
Understands what constitutes ASB	<input type="checkbox"/> Y <input type="checkbox"/> N	
Responsible pet owner	<input type="checkbox"/> Y <input type="checkbox"/> N	
Reporting repairs	<input type="checkbox"/> Y <input type="checkbox"/> N	
What support is needed?		
Who will provide the support?		

Assessment Area Money & Budgeting	Can they manage?	Evidence
Paying rent	<input type="checkbox"/> Y <input type="checkbox"/> N	
Dealing with arrears	<input type="checkbox"/> Y <input type="checkbox"/> N	
Applying for housing benefit	<input type="checkbox"/> Y <input type="checkbox"/> N	
Informing benefits of any changes	<input type="checkbox"/> Y <input type="checkbox"/> N	
Basic understanding of income/benefits	<input type="checkbox"/> Y <input type="checkbox"/> N	
Working and paying rent	<input type="checkbox"/> Y <input type="checkbox"/> N	
What support is needed?		
Who will provide the support?		

Assessment Area Bills & Utilities	Can they manage?	Evidence
Is realistic about the cost of having own tenancy	<input type="checkbox"/> Y <input type="checkbox"/> N	
Knows how to set up utilities	<input type="checkbox"/> Y <input type="checkbox"/> N	
Understands utility payment options	<input type="checkbox"/> Y <input type="checkbox"/> N	
Understands TV licence	<input type="checkbox"/> Y <input type="checkbox"/> N	
Knows about saving energy?	<input type="checkbox"/> Y <input type="checkbox"/> N	
What support is needed?		
Who will provide the support?		

Assessment Area Health & Well Being	Can they manage?	Evidence
Registered with local GP	<input type="checkbox"/> Y <input type="checkbox"/> N	
Registered with local Dentist	<input type="checkbox"/> Y <input type="checkbox"/> N	
Understands security e.g. locking doors, closing windows etc?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Understands what to do in emergency	<input type="checkbox"/> Y <input type="checkbox"/> N	
Knows how to switch off mains water, electricity and gas?	<input type="checkbox"/> Y <input type="checkbox"/> N	
What support is needed?		
Who will provide the support?		

Assessment Area Practical Skills	Can they manage?	Evidence
Can shop economically?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Can prepare a basic meal?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Can keep home clean & tidy?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Can complete basic DIY tasks e.g. decorate; change a fuse/ light bulb?	<input type="checkbox"/> Y <input type="checkbox"/> N	
What support is needed?		
Who will provide the support?		

Assessment Area Meaningful Occupation	Can they manage?	Evidence
Has positive social network in area?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Knows about local amenities & services?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Has constructive ways of occupying time?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Has positive ways of dealing with isolation?	<input type="checkbox"/> Y <input type="checkbox"/> N	
What support is needed?		
Who will provide the support?		

Please give further details/evidence on why the service user is now ready to move on

Support Package Details

What Support will be offered during and after the person's move? Please provide name of support worker, telephone number, organisation and how many visits the person will be receiving per week.

How long will this support package be in place?

Please provide any additional information: