**Covid-19 Emergency Response – Personalised Housing Needs Survey**

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| **Name**  |  |
| **Currently Staying** |  |
| **Contact details** **(email/ mobile number)**  |  |
| **Where were you staying before accessing emergency accommodation?**  | Rough Sleeping (including in a tent) Staying with Friends/Family In an empty building/squat Other, please give details… |
| **What area where you staying in before accessing emergency accommodation?**  | <Location> <Location>  <Location><Location>  |
| **How long is it since you have last had a place you would regard as a home?**  | Less than 6 months 6 months – 1 year 1 year – 5 yearsmore than 5 years |
| **During your time staying in the emergency accommodation is there anything you have found to be better than it was before?** (this could include how you feel, how you’ve been able to look after yourself, how any health conditions have been etc.)  |  |
| **During your time staying in the emergency accommodation is there anything you have found to be worse than it was before?** (this could include how you feel, any health conditions, mood etc.)  |  |
| **What area would you ideally like to live?** Please select as many boxes as you like and details of any specific details of where within those areas | <Location> <Location>  <Location><Location>  |
| **Are there any facilities, communities or amenities you would ideally want to be near or connected to? Please give details** (this could include churches, support groups, family members etc. )  |  |
| **Is there anywhere you would not want to live or anywhere you could not live because of restriction (e.g. MAPPA or ASBO)?** Please give details  |  |
| **Would you like to live alone or with other people?** (This could be sharing with friends/ housemates or a partner)  |  |
| **Do you have any pets you would like to live with you?** If yes, please give details  |  |
| **Do you have any health & wellbeing considerations?**  (including any current alcohol or drug dependencies, mobility and (or) sensory requirements)  |  |
| **Would any of your health & wellbeing needs impact what type of property you require ?** (e.g. Ground floor, not too many stairs etc.)  |  |
| **Do you have any worries or concerns about moving into a property?** (these could be about your ability to manage the property, feeling lonely, dealing with neighbours etc.)  |  |
| **Do you think you would you need help with any of the following things?**  | Moving in Give details: Managing your money and budgeting Give details: Living skills and managing your home Give details:  |
| **Is there anything else you would like to tell us about what you would like for your move on from emergency accommodation?** This could include if you would like to work or volunteer in the future or what would be most important to you in the next few months/ years  |  |

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| **For office use**  |
| Date received |  |
| HB application  | Completed? |  | LA Ref  |  |
| HRA application | Completed? |  | LA Ref  |  |
| Referred to panel  | Date  |  | Info  |  |
| Decision/ Next steps  |  |