**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 years  more 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 |  | | | | |