



COMMON ASSESSMENT FORM

PERSONAL DETAILS

Today's Date _____/_____/_____

Full Name _____

Date of Birth _____/_____/_____ Age _____ Years _____ Months

Marital Status _____

Personal Public Service Number

Do you have a Medical Card? Yes No

If yes, please Medical Card No. _____

Current Address

How long have you lived at this address? _____ Years _____ Months

Contact Telephone Number

Please provide contact
details in case of emergency

Name of Person to contact:
Address:
Tel:

Initial Contact Details

Referring Agency _____

Date of Referral _____

Name of Referrer _____

Telephone No. _____

HOUSING INFORMATION

Please tick a box to indicate your last accommodation:

- Parental
- Bed & Breakfast
- Private rented
- Council Property
- Living with other family
- Hostel/Housing Association
- Sleeping rough
- Living with friends
- Detox/ Rehab.
- Other: _____

Describe your current or most recent experience of being homeless.
(Include details of how this happened)

Have you had any other experiences of homelessness besides your current experience?

If so please give details

What helped you move away from this experience?

What for you are the greatest difficulties being homeless?

What do you feel would help you move away from your homeless situation?

Have you ever felt “at home” in any previous accommodation? If yes describe what that experience was like for you.

HISTORY OF ACCOMMODATION

Please give details of your previous accommodation:

Type of Housing	Dates	Shared or Self contained	Length of stay	Reason for leaving	Any problems	General Comment

Have you ever received a deposit towards private rented accommodation?

Yes No

If yes please give details:

Amount: _____

Date: _____

Address: _____

Are you now or have you been in receipt of rent allowance in the past:

Yes No

If yes please give details:

Amount: _____

Dates: _____

Address: _____

Amount: _____

Dates: _____

Address: _____

LOOKING FOR ACCOMMODATION

Have you applied to any housing provider e.g. Local Authority, Voluntary housing and transitional housing. Give details.

When was the last time you were in contact with them and what happened?

Is there any reason why you have not or would not apply to the Local Authority or any other housing provider?

Is your application a joint application?

Are you receiving support or using any other service which is helping you to look for accommodation? (Please give details).

What is your preferred type of accommodation?

EDUCATION & TRAINING

What is your current situation with regard to working?

Are you registered as unemployed?

If you are unemployed are you presently looking for work?

What support do you think you would need around looking for work?

If you are in employment what is the address of your employer?

Please give details of your employment.

Do you have any plans for further education?

If so what supports do you feel you might need?

Do you feel that you need (or do you already receive) support with any of the following? (Tick all that apply).

- Reading (e.g. letters, street names, maps, etc.)
- Writing (e.g. letters, spelling filling in forms)
- Numbers (e.g. doing sums, checking your change)

INSTITUTIONAL HISTORY

Have you ever been in any of the following for any period of time?

Yes

No

If yes please give details:

Residential care _____

Foster care _____

Psychiatric Care _____

Special needs school _____

Residential Secure Unit _____

Prison _____

Armed Forces _____

Hospital _____

What was this experience like for you?

Did you receive any follow up help, care, support or treatment on leaving?

HEALTH AND WELL BEING

Do you have any current health problems?

Do you have a disability? (temporary or permanent)?

Are you attending a doctor or any other health service at present?
If yes please give details.

Are you happy with the service you are receiving?

Do you find it easy to make appointments with your doctor/health service.

Do your health issues make it difficult for you to do things?

Are there any outstanding health issues about which you are worried?

Do you need information on any other health service?

Have you ever been hospitalised for physical or mental health issues?

If yes, please give details.

Have you received or are you receiving follow-up care?

Yes

No

If yes, please give details of supports being provided by other agencies, i.e. Social Worker, Public Health Nurse, Probation Officer etc.

Have you been prescribed or are you currently taking any prescribed medication?

Do you have any difficulty managing your medication?

GP DETAILS

Name _____

Phone No. _____

Practise Address:

ALCOHOL AND DRUG USE

Do you drink alcohol and if so, how would you describe your drinking?

Have you used alcohol in the past month?

Has your drinking caused you difficulties in the past? If so, please describe the ways.

Are you receiving help, support or treatment for this?

Do you want help in accessing support or treatment in this area? If so, please specify.

Have you used drugs in the last month (or if not, in the last 12 months)?

List below details of drugs taken, prescription or otherwise, how much, how often etc.

Have you any concerns about your drug use?

How has your drug use affected you with regard to the following areas?
Family relationships, finance, work, physical and mental well-being.

Are you receiving any help, support or treatment for you drug use?

Do you want help with this or in accessing services that could help you?
Please specify:

What steps have you taken or are you prepared to take to deal with this problem
(alcohol and or drugs)

GAMBLING

Do you gamble or bet?

How often and where do you gamble?

Has your gambling caused you difficulties in the past?

If so please give details.

Have you ever received treatment or support for your gambling?

What do you feel you need to do to address these issues?

INCOME AND DEBT

What is your current income? (source, amount, type of payment)

Are you on a FAS or other employment / training scheme?

How do you feel you manage your money?

Have you experienced saving? If yes, please give details.

Is anyone currently helping you with your money?

Are you owed money by anyone?

Do you owe money to anyone? If yes, please give details

Do you have difficulties in repaying money?

Have you ever received any exceptional needs payments?

Have you ever has rent arrears?

BEHAVIOURAL PATTERNS

Have you ever has to leave your accommodation because of your behaviour?

How do you cope with difficult/stressful situations?

(E.g. aggression, queuing in public offices, staff doing room checks, having to keep to house rules.)

Does your reaction to these situations cause you further difficulties?

What is it that annoys you in these situations?

Would you like to change how you react in any way?

If so, what support do you feel that you might need to help you do that?

Are you currently involved with the Criminal justice system?

Have you previously been involved with the criminal justice system?

Are you in current (or have you been in recent) contact with a Probation Officer or other professional not previously discussed in this form?

Are there any outstanding warrants against you?

What is your offending history related to?
(Alcohol/drug use, dealing, assault, violence, other)

LIFE SKILLS

If you move into your own home, there are some things that you will need to be able to do to keep your home.

Do you feel you will need further support and advice around learning to do the following: Please tick if yes.

Cooking

Shopping for food and other essential items

Keeping accommodation clean and tidy

Paying rent and bills

Living within a budget

Dealing with a landlord or housing authority

Dealing with basic maintenance such as changing fuses,
Changing light bulbs

Dealing with emergency maintenance such as leaks

Operate a gas or electric heating system

Operate washing machine or going to a launderette

Finding out services in your local area

SOCIAL CONTACTS

Do you have any contact with family / partner / children or friends?

Do you find these contacts to be positive or negative?

Would you like to improve these contacts?

Do you have any children?

Yes

No

If yes please supply Name, Age and Address at which they reside.

Do you have any worries about your parenting skills?

What type of supports would help to improve your parenting skills?

Do you need accommodation near any one in particular (who and where).

Are there any areas you would like to avoid in terms of accommodation due to social contacts?

If yes, please give details:

SKILLS, PROBLEMS, NEEDS

What kinds of things make you feel good?

What kind of things motivates you?

Do you have any hobbies or interests?

What sort of things makes you feel sad or unhappy?

If something is bothering you, what do you do or whom do you turn to for help / advice?

What problems or stressful things have you had to deal with recently?

What problems or stressful things have you had to deal with in the past that still affect you?

Do you find it difficult to make decisions or know what you want?

Can you give examples of situations where you would / might find it difficult to make a decision.

Do you feel that you would like help or support in any of the following areas?

Personal Development

Diet

Nutrition

Healthcare

Budgeting

Any other

Signature of Assessor: _____

Date: _____

Signature of Applicant: _____

Date: _____

PLAN FOR SUPPORT AND DEVELOPMENT

The Support Worker and _____ agree to the following plan, developed by both parties to help _____ become independent.

Short Term Plans

The Client will:

The Support Worker will:

LONG TERM PLANS

The client will:

The Support Worker will:

Signed:

Signed:

Support Worker

Applicant

Date

Date