JOINT ASSESSMENT FORM FOR
YOUNG PERSON’S ACCOMMODATION AND SUPPORT NEEDS

Names of people present/their department and role:

Name: __________________________  Department/Role: ____________________________
Name: __________________________  Department/Role: ____________________________
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Name: __________________________  Department/Role: ____________________________
Name: __________________________  Department/Role: ____________________________

Date: __________________________

The purpose of this form is to assist a professional assessment to:

(a) identify the accommodation and support needs of the young person; and 
(b) identify the nature of the need in order to be able to develop a plan for the young person.

The assessment should be completed with the young person who should agree the content. The young person should be informed of his/her rights and be made aware that although they may refuse to provide some of the information required, this will make meeting the person’s needs more difficult.

The assessors should:
(a) give the young person space and time to tell his/her story; and 
(b) use cues from the story to extract further information.

The young person should:
(a) give accurate and honest information to inform this assessment (it is an offence to make a false statement, as per the caution on page 7).

Personal Information

Name: _____________________________________________________________________

Address: ___________________________________________________________________
___________________________________________________________________________

Post Code: __________________ Contact Number: ____________________________

N.I. __________________________ Date of Birth: ____________ Age: ___

Gender: __________________________ Ethnicity: ____________________________
Household members

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Name</th>
<th>Surname</th>
<th>DoB</th>
<th>Age</th>
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<td>Self</td>
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Details of other people you share any part of the accommodation with

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<tr>
<th>Relationship to you (if any)</th>
<th>Name</th>
<th>Surname</th>
<th>DoB</th>
<th>Age</th>
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Are you, or any member of your household, pregnant? Yes / No

EDD ___________________ Name of person pregnant ____________________________

Name and address of parent/guardian/carer: __________________________________________
________________________________________Tel: _______________________

Relationship with carers and current accommodation

When did you leave your parents/carers home? ____________________________

Have you recently contacted your parents/carers? Yes / No

If yes, what was the outcome? ____________________________

Why did you leave? _________________________________________

Where are you living now? _________________________________________

What type of accommodation is it? _________________________________________

Contact details and address of the people you are staying with now: ____________________________

__________________________________________________________________________________
Why do you have to leave your current accommodation and when do you have to leave by?

________________________________________________________________________

If the young person has had a difficult relationship with parents, offer mediation or support for the family. Inform the young person that contact will be made to confirm situation (unless there are child protection concerns).

**Addresses in the last five years including current or most recent**

<table>
<thead>
<tr>
<th>Full Address</th>
<th>Date From</th>
<th>Date To</th>
<th>Tenure/Reason For Leaving</th>
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Do you have any family or friends who could offer accommodation? Yes/No

Name: _____________________________ Tel.no: ______________________

Address: ________________________________________________________________

Do you have friends/significant others who could provide support? Yes/No

__________________________________________

Have you previously had independent accommodation? Yes/No

Address: ________________________________________________________________
Landlord: ________________________________________________________________

Why did you lose this accommodation? __________________________________________

Eligibility

Do you normally live in the United Kingdom?  
Yes ☐  No ☐

Are you and / or any member of your family currently seeking asylum or refugee status?  
Yes ☐  No ☐

Do you have permanent right of residency and / or recourse to public funds in the UK?  
Yes ☐  No ☐

Involvement with other agencies (provide reference numbers and contact details if known)

Have you had any contact with other agencies previously?

Children and Young People’s Services  Yes/No  Name of worker: ________________

Youth Offending Team  Yes/No  Name of worker: ________________

Voluntary Organisation  Yes/No  Name of worker: ________________

CAMHS  Yes/No  Name of worker: ________________

G.P.  Yes/No

If yes, G.P.’s Name & Address: ________________________________________________

Have you ever been:

On a care order  Yes ☐  No ☐

In trouble with the Police  Yes ☐  No ☐

Accommodated by Children and Young People’s Service  Yes ☐  No ☐
If yes to any of the above, give details and duration of involvement with any of the above agencies
________________________________________________________________________
________________________________________________________________________

**Education/Training/Employment**

What are you doing now?
Details: ____________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

School\College Dates from and to
___________________________ ____________________
___________________________ ____________________
___________________________ ____________________

Do you need any help with the following?:

Reading Yes\No Claiming Benefits Yes\No
Writing Yes\No Managing money Yes\No
Household skills Yes\No Filling in forms Yes\No

What is your financial situation?
________________________________________________________________________
(Does the young person need welfare benefits advice?)

**Health & well-being**

Do you have any health needs? Yes/No
If yes, please give details________________________________________________

Do you take any prescribed medication? Yes/No
If yes, please give details________________________________________________

Do you receive specialist support? Yes/No
If yes, please give details________________________________________________

Do you drink on a regular basis? Yes/No
If yes, please give details ________________________________

Do you use any drugs/solvents? Yes/No
If yes, please give details: ________________________________

Do you have any emotional/social needs? Yes/No/Not known
(E.g. emotional/physical abuse/self harm/domestic violence)
If yes to above, give details: __________________________________

Do you have any cultural/religious needs? Yes/No
If yes, give details: _______________________________________

Do you have any needs in relation to independent living? Yes/No
If yes, give details: _______________________________________

CSE
Is the young person at risk of CSE? Yes/No
If ‘yes’ Youth Hub to screen the young person, if they have not done so already.

Documents
In order to fully assess your housing circumstances and process your enquiry, it will help if we have some documents from you. The quicker we have these documents, the quicker we can advise and assist you. We have noted the agreed documents for you to provide in the table below.

<table>
<thead>
<tr>
<th>Type of Proof</th>
<th>Enc.</th>
<th>Req.</th>
<th>Type of Proof</th>
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<th>Req.</th>
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<tbody>
<tr>
<td>Proof of ID (one of these)</td>
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<td>Custody / Residence Agreements</td>
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<td>Birth Cert</td>
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<td>Medication</td>
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<td>Passport</td>
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<td>Legal Separation / Divorce Papers</td>
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<td>Completion statement for sale of property</td>
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<tr>
<td>Proof of Pregnancy</td>
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<td>Tenancy/Licence Agreement</td>
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<tr>
<td>Marriage Certificate</td>
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<td>Notice ending your present occupancy</td>
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<tr>
<td>Child Benefit Book / Advice Slip</td>
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<td>Bank Statement</td>
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</table>
Caution

Your application will be considered by both Childrens Social Work Services, under Childrens Act 1989, and by Housing, under the Housing Act 1996 Part VII. If you make false statements or deliberately withhold information relevant to your application, the Council may take action against you which could result in a criminal conviction and a fine of up to £5,000.

Declaration

I (We) have checked the above details and I (We) have read and understood the agreement and caution above. I (We) confirm the information given is, to the best of my knowledge, correct and complete and that there are no matters which may be relevant to my/our accommodation and support needs which do not appear within this form.

Young person’s signature_________________________________ Date ________________
Outcomes

Yes to any; S17 duty likely to be owed:
Is the YP unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by the local authority? Y/N
Is the YPs health or development likely to be significantly impaired, or further impaired, without the provision of services by the local authority? Y/N
Is the YP disabled? Y/N

Yes to any; S20 duty likely to be owed:
Does the YP require accommodation because no one has parental responsibility for them? Y/N
Does the YP require accommodation because they are lost or have been abandoned? Y/N
Does the YP require accommodation because the person who has been caring for them has been prevented from providing them with suitable accommodation or care? Y/N
Does the local authority consider it likely that the YPs welfare will be seriously prejudiced if they do not provide accommodation? Y/N

Yes to all; homeless duty likely to be owed:
Is the YP eligible for assistance? Y/N
Is the YP Homeless? Y/N
Is the YP not Intentionally Homeless? Y/N
Does the YP have a local connection to Solihull? (If 'no' duty is owed but a referral can be made to the area where they do have a local connection) Y/N

Likely outcome based on initial assessment:
- [ ] S17 Child in Need
- [ ] S20 Duty to Accommodate
- [ ] Homeless application to be taken

Temporary Accommodation
Is the young person homeless tonight? Yes [ ] No [ ]
If yes what placement has been made for them (details)
_______________________________________________________________________________
_______________________________________________________________________________
If threatened with homelessness, date of homeless ____________________________
What steps have been agreed to try to prevent homelessness from occurring on the above date?

________________________________________________________________________________

Is it necessary to find an accommodation placement now in anticipation of imminent homelessness? If so what steps have been agreed regarding this?

________________________________________________________________________________

**Prevention/intervention options**

- [ ] Home Visit
- [ ] Housing Register
- [ ] Mediation
- [ ] Prevention Fund
- [ ] Access, Health, Care & Support
- [ ] Connexions
- [ ] Supported Housing
- [ ] Supported Lodgings
- [ ] Tenancy Relations
- [ ] Mildenhall/ Morris House
- [ ] Community Care/Outreach/Multiple Needs Referral /Floating Support
- [ ] Referred to any other External Agencies (details)

________________________________________________________________________________

**AGREED NEXT STEPS:**

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

**Signed by:**

Name________________ Signature __________________ Date ____________
On behalf of Childrens Social Work Services

Name________________ Signature __________________ Date ____________
On behalf of SCH Housing Options

Name________________ Signature __________________ Date ____________
On behalf of St Basils
Partner of Local Authority Release of Information

In order to make enquiries into your accommodation and support needs under the provisions of the Housing Act 1996 Part VII and the Children Act 1989, Solihull Community Housing and Childrens Social Work Services may need to contact other persons or agencies on your behalf. If there is anyone we may not contact, please give details below.

Name:
Address:

I give my permission that any relevant person or agency may be contacted in the process of gathering further information to support my application. This includes, but is not limited to:

- General practitioner
- Hospitals
- CAMHS
- SIAS
- SOLAR
- Police
- Youth Offending Team
- Previous landlords
- Education providers
- Community groups
- Any people I have named on this form (with the exception of any I specified in the above box that I do not want to be contacted)

I also give permission for the agencies party to this joint assessment (Housing/CSWS/St Basils) to share any assessments completed which relate to me (ie Single Social Work Assessment/S184 Homeless Decision etc) with one another.

Name .......................................................... Signed ..........................................................

(Applicant)  Date: ..........................................................