



# Request for Support Assessment

Name

Application Number

Address

To assess your application fully we need you to answer the following questions about your current circumstances. **If you do not complete the form fully, we cannot assess your support need. The area where you give or receive support should be included in your first three areas of choice on your FHR application for housing, otherwise you will not benefit from any points award given.**

Is your request for support to due health or social needs?

[Empty text box for health or social needs]

You need to move closer to someone who **you receive support from** Please complete page 1

You need to move closer to someone who **you provide support to** Please complete page 2

### Receiving Support

What support do you require and how often? (Please provide details of **all** support received, tick where necessary)

	Everyday	Other		Everyday	Other
Going Outside			Shopping		
Cleaning			Bed Assistance		
Money Management			Cooking		
Other			Childcare (Proofs)		

\*Childcare Proofs required– proof of employment, education

If you have ticked 'Other' please provide details of the support you receive

[Empty text box for details of support]

Why do you require support?

[Empty text box for why support is required]

Is there anyone else living in the household with you? If yes, please provide details of why they cannot provide the support

[Empty text box for household details]

Who provides your support?

Name:

Address:

How would a move benefit you?

[Empty text box for move benefits]

Applicants Name	Date
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Support Providers Name	Date
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**The support element on your application will be verified when you are offered a property. If your circumstances change you must inform us immediately as it could affect any potential offers of housing.**

**Only complete this page if you are looking to move to provide support to someone else who is not in your household**

Who are you providing support to?

<b>Name</b> <b>Address</b>
<b>Are you already providing support to this person?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

Is there anyone else living in the household with the person you are providing support too? If yes, please provide details of why they cannot provide the support.

Why is support necessary?

How would a move benefit the support you provide?

What support do you require and how often? (Please provide details of **all** support received, tick where necessary)

	Everyday	Other		Everyday	Other
Going Outside			Shopping		
Cleaning			Bed Assistance		
Money Management			Cooking		
Other			Childcare*		

\*Childcare Proofs required– proof of employment, education

If you have ticked 'Other' please provide details of the support you provide

<b>Applicants Signature</b>	<b>Date</b>
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<b>Person Receiving Signature</b>	<b>Date</b>
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**The support element on your application will be verified when you are offered a property. If your circumstances change you must inform us immediately as it could affect any potential offers of housing.**

**OFFICE USE ONLY**

<b>Assessor Name: (FHR Team / Housing Occupational Therapist)</b>	<b>Date</b>
<b>Award – 0 / 10 / 25 / 40</b>	
<b>Justification:</b>	