

Form 5c - Risk and needs assessment information

This form is only to be used if the applicant does not have a referral agency, or if the referral agency does not have their own risk assessment or care plan

TO THE REFERRAL AGENCY

BEFORE YOU USE THIS FORM – Do you have your own risk assessment and care plan? If so, please send us copies – YOU THEN DON'T HAVE TO COMPLETE THIS FORM

Applicant name		Applicant number	
Form completed by		Date	
Referral agency name (if applicable)			

How long has agency known applicant?	
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General risk issues

1. Does applicant or their family / friends / known associates have a history of violent behaviour?	Yes / No
If yes, give details	
2. Is there any criminal record associated with this behaviour?	Yes / No
If yes, give details	
3. Is there any history of self-harm?	Yes / No
If yes, give details	

4. Are there any child protection issues associated with the applicant?	Yes / No
If yes, give details	

Housing-related needs

5. Does the applicant have any housing-related problems?	Yes / No
IF NO, GO TO NEXT SECTION. If yes, continue below	

6. Has the applicant only given housing as a need?	Yes / No
If yes, are there any other support needs? Give details and complete relevant other sections of this form.	

7. How has the applicant managed in previous accommodation?
Please give details

8. Are there any historical issues regarding the client maintaining a tenancy?	Yes / No
Please give details	

9. What are the risks associated with their needs?
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Please give details

Mental health issues

10. Does the applicant have any mental health issues?

Yes / No

IF NO, GO TO NEXT SECTION. If yes, continue below

11. How serious is the condition?

Please give details

12. Does the applicant have any other agency support?

Yes / No

If yes, give details

13. What are the risks associated with their condition?

Please give details

Learning disability issues

14. Does the applicant have a learning disability?

Yes / No

IF NO, GO TO NEXT SECTION. If yes, continue below

15. How serious is the condition?

Please give details

16. Does the applicant have any other agency support?

Yes / No

If yes, give details

17. What are the risks associated with their condition?

Please give details

Physical health or physical disability issues

18. Does the applicant have any physical health or disability issues?

Yes / No

IF NO, GO TO NEXT SECTION. If yes, continue below

19. How serious is the condition?

Please give details

20. Does the applicant have any other agency support?

Yes / No

If yes, give details

21. What are the risks associated with their condition?

Please give details

22. Will they require downstairs or disabled accommodation?

Yes / No

If yes, give details

Drug or alcohol issues

23. Does the applicant have any drug or alcohol issues?

Yes / No

IF NO, GO TO NEXT SECTION. If yes, continue below

24. Is the applicant on any recognised programmes?

Yes / No

If yes, give details

25. Is the applicant clean or free from alcohol/drugs at the moment?

Yes / No

If yes, for how long?

26. Does the applicant have any other agency support to help overcome their addiction?

Yes / No

If yes, give details

27. What are the risks associated with their addiction?

Please give details

Age-related support needs

28. Does the applicant have any age-related support needs?	Yes / No
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If yes, continue below

29. Is the service suitable for their age group?	Yes / No
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Please give details

30. Does the applicant have any other agency support?	Yes / No
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If yes, give details

31. What are the risks associated with their needs?

Please give details

Carr-Gomm use only (LSM to complete)

What is the potential risk to staff who may interview in the applicant's home?

None / Low / Medium / High / Very high

Name (print)		Signature		Date	
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(If risk is assessed as high or very high, LSM to consult OM)