



HOUSING SUPPORT ASSESSMENT

Name _____

Address _____

D.O.B. _____

Keyworker _____

Requires assistance with:

HB, C/Tax & Rent Payment **Independent** **Requires Support**

Comments _____

Budgeting, Shopping & Bill Payments **Independent** **Requires Support**

Comments _____

Cooking, House-Keeping & Domestic Skills **Independent** **Requires Support**

Comments _____

Employment, Education & Training **Independent** **Requires Support**

Comments _____

Health & Wellbeing **Independent** **Requires Support**

Comments _____

Alcohol & Drugs **Independent** **Requires Support**

Comments _____

Legal Issues **Independent** **Requires Support**

Comments _____

Social Presentation & Self Care Skills **Independent** **Requires Support**

Comments _____

Family & Support Networks **Independent** **Requires Support**

Comments _____

Understanding of Tenancy & Tenancy Management **Independent** **Requires Support**

Comments _____

Service User Signature _____ **Date** _____

Keyworker Signature _____ **Date** _____

I do not require assistance from Stirling Council, Housing Services with Housing Support at this time. I am aware that I can access this service at anytime in the future.

Print Name _____

Signed _____

Date _____