



## 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** \_\_\_\_\_