

**Knowing the Needs of Our Tenants
Agreeing Personal Housing Support Plans**

Applicant Offer Stage or Existing Tenant

Date of visit				
Tenant Start Date				
Address of Property/ Property on Offer				
Landline phone numbers				
e-mail addresses				
Tenant's name				
Date of birth				
National insurance number				
Mobile phone number				
Joint tenant's name & relationship				
Date of birth				
National insurance number				
Mobile phone number				
Confirm those living with tenant				
Name	Relationship	Date of birth	Nat ins no.	

Do you consider yourself or a member of your household to have a disability?			
Name		Details	
Name		Details	
Name		Details	

Confirm if any in household have a medical condition or support requirements																									
Name	Medical condition/support requirement/care package requirement																								
Do you expect your housing needs to change in the future?																									
Does anyone already receive support/care, if yes who is the provider? (name, contact details and times)																									
Do you have an existing With You For You	Yes/No																								
Is there a GIRFEC in place for any of your children?	Yes/No/ Prefer not to say If yes provide details;																								
<p>Is the household in receipt of benefits? Household may not wish to answer, but will help with maximising income/benefit check</p> <p>Does tenant wish for a benefit entitlement check to be carried out Yes/No</p>	<p>Yes/No</p> <table border="1"> <tbody> <tr> <td>JSA</td> <td><input type="checkbox"/></td> <td>UC</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ESA</td> <td><input type="checkbox"/></td> <td>PIP</td> <td><input type="checkbox"/></td> </tr> <tr> <td>DLA</td> <td><input type="checkbox"/></td> <td>IS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>WTC</td> <td><input type="checkbox"/></td> <td>IB</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CTC</td> <td><input type="checkbox"/></td> <td>IIDB</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Child Benefit</td> <td><input type="checkbox"/></td> <td>Incap Ben</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>Other _____</p>	JSA	<input type="checkbox"/>	UC	<input type="checkbox"/>	ESA	<input type="checkbox"/>	PIP	<input type="checkbox"/>	DLA	<input type="checkbox"/>	IS	<input type="checkbox"/>	WTC	<input type="checkbox"/>	IB	<input type="checkbox"/>	CTC	<input type="checkbox"/>	IIDB	<input type="checkbox"/>	Child Benefit	<input type="checkbox"/>	Incap Ben	<input type="checkbox"/>
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Has there been a significant change in circumstances and if so is a benefits check required?	Yes/No																								
Are there any members of the household classed as "vulnerable"	Yes/No																								
Do you or any member of our household have issues with drugs and/or alcohol or need support with disposing of needles?	Yes/No Details:																								

Support in Managing your Tenancy	
<p>Is there any support you will need to settle into your new tenancy? Yes/No</p> <p>Advice and assistance needed in settling into your new tenancy.</p>	Action Agreed/ Advice Given
<p>Is there any support you will need to maintain regular rent payments? Yes/No</p> <p>Advice/assistance with setting up rent payments, budgeting, applying for benefits, arrears management etc.</p>	Action Agreed/ Advice Given
<p>Is there any support you may need in managing your tenancy? Yes/No</p> <p>Advice or assistance in understanding and managing their tenancy rights and responsibilities (right to repair, neighbour complaints)</p>	Action Agreed/ Advice Given
Emergency contact details, details of person/solicitor to be contacted in an emergency situation if the tenant cannot be reached	
Next of kin/emergency contact	
Address	
Telephone number	
Relationship to tenant	
Do you have any communication needs? (hearing/visual impairment, dyslexic)	Yes/No/Prefer not to say Details:
Contact Preference	
Standard Print	
Large Print	
Audio Tape	
Audio CD	
Email	
Braille	
Do you need support accessing our information in another language?	Yes/No (Specify)

Are there any other support issues or information you would like to discuss with us?
 Yes/No/ Prefer not to Say

Are there any pets?

General information	
Is the tenant or member of household interested in becoming involved with the Tenants Focus Group	<input type="checkbox"/>
Discuss interest in tenant participation:	<input type="checkbox"/>
<input type="checkbox"/> Completing Customer Satisfaction Forms	<input type="checkbox"/> Completing Questionnaires/Surveys
<input type="checkbox"/> Taking Part in Telephone Surveys	<input type="checkbox"/> Attending Consultation Events
<input type="checkbox"/> Join a Scrutiny Panel	
<input type="checkbox"/> Joining a Registered Tenants Group (RTO)	<input type="checkbox"/> Join an Informal Tenants Group

Permission to Liaise & Share Information

Data Protection

I/we understand in referring to other agencies or in helping to support me/us in our tenancy, Hjalmland Housing Association may seek or provide information to the other agencies and I/we consent to this.

This information held by the Association will only be used for the purposes of support a Hjalmland tenancy and will be held securely in the tenants housing file. The only exception to this is where there is deemed to be a child protection or vulnerable adult situation, where the information will be released in line with the Child Protection and Vulnerable Adults policy.

Tenant's name Tenant's signature
Joint tenant's name Joint tenant's signature
Member of staff name Signature

Hjaltland Housing Association is committed to promoting equal opportunities and diversity in communities. We assist people in housing need regardless of sex or marital status, race, disability, age, sexual orientation, language, nationality or social origin, religious or political beliefs.

To ensure we do not discriminate directly or indirectly and to help us provide services that best meet the needs of our residents we need to keep accurate records.

Please help us by completing this form. This information is for monitoring purposes only. You do not have to provide the information if you do not want to.

The 9 protected characteristics under the Equalities Act 2010

- age
- disability
- gender identity and gender reassignment
- marriage or civil partnership (in employment only)
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation.

Ethnic Origin	Tenant	Joint Tenant
White Scottish	<input type="checkbox"/>	<input type="checkbox"/>
White British	<input type="checkbox"/>	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	<input type="checkbox"/>
Other White background	<input type="checkbox"/>	<input type="checkbox"/>
Any mixed race background	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>
Other Asian background	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>
Other Black background	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy/Traveller	<input type="checkbox"/>	<input type="checkbox"/>
Other ethnic background	<input type="checkbox"/>	<input type="checkbox"/>
Other background	<input type="checkbox"/>	<input type="checkbox"/>
Chose not to answer	<input type="checkbox"/>	<input type="checkbox"/>