

**Knowing the Needs of our Tenants  
Agreeing personal housing support plans**

**Completed: Applicant offer stage**

**Existing Tenant**

**Name of tenant**

**Joint Tenant**

**Allocated Address**

**Tenancy start date: Not commenced yet or \_\_\_\_/\_\_\_\_/\_\_\_\_**

## Communication Needs

**Do you have any specific communication requirements?** Yes/No / Prefer not to say  
e.g Deaf, Blind, Dyslexic?

**How would you prefer we make contact with you?**

[Office use: Tenant record in Contacts under User table 1]

**Is English your first language?** Yes/No If not, what is your first language?

[Office use: Tenant record in contacts under Nationality]

**Do you need assistance with accessing our information in another language?**

Yes/No

[Office use: Tenant record in contacts under user table 2]

**Action Agreed**

## Disability/ Support Needs

**Does anyone in your household have a disability?** Yes/No/Prefer Not to say

If yes, please provide details of their name, age and what type of disability.

| Person's name | Date of Birth | Type of disability |
|---------------|---------------|--------------------|
|               |               |                    |
|               |               |                    |
|               |               |                    |

[Office use: Tenant record in contacts under disability]

**What support & care do you presently receive? (e.g. social work, home help & family)**

**Do you have an existing WYFY** Yes/No **Is it appropriate to refer for a WYFY?** Yes/No

**Is there a Girfec (getting it right for every child) in place for any of your children?** Yes/No

**Is there any additional support you feel you would benefit from?**

| Issue | Action agreed including in-house & referral |
|-------|---|
|       |   |

## **Support in Managing your Tenancy**

**Is there any support you will need to settle into your new tenancy?    Yes / No**

| Detail support required   | Action Agreed & Advice given |
|---|------------------------------|
| <b>Advice and assistance needed in settling into your new tenancy</b> |                              |

**Is there any support you will need to maintain regular rent payments? Yes / No**

| <b>Detail support required</b>  | <b>Action Agreed &amp; Advice given</b> |
|---|---|
| <b>Advice and assistance with setting up rent payments, budgeting, welfare benefit claims or arrears management</b> |   |

**Is there any support you may need in managing your tenancy? Yes / No**

| <b>Detail support required</b>   | <b>Action Agreed &amp; Advice given</b> |
|--|---|
| <b>Advice or assistance in understanding and managing their tenancy rights &amp; responsibilities e.g. repair rights, neighbour complaints etc</b> |   |

## Other relevant information

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

| Issue  | Action Agreed & Advice given |
|--|------------------------------|
| <p>Are there any other support, health issues, domestic abuse, childcare issues you would like to share with us?</p> |                              |

# 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 Hjaltland may seek or provide information to the following agencies and I/ we authorise this. The information held by the Association will only be used for the purposes of supporting a Hjaltland Tenancy and will be held securely in the tenant's housing file. The only exception to this is where there is deemed to be child protection or vulnerable adult situation where the information will be released in line with the child protection and vulnerable adults policy.

| <b>Parents/Friends (provide names)</b> | <b>Y / N</b> | <b>Details</b> |
|--|--------------|----------------|
| <b>CAB</b>                             |              |                |
| <b>Social Work/ OT Service</b>         |              |                |
| <b>Mental Health Services</b>          |              |                |
| <b>Drug &amp; Alcohol Services</b>     |              |                |
| <b>Job centre plus / DWP</b>           |              |                |
| <b>Police</b>                          |              |                |
| <b>Advocacy Shetland</b>               |              |                |
| <b>Other</b>                           |              |                |

**Tenant Signature** \_\_\_\_\_

**Date:**

**Joint Tenant signature** \_\_\_\_\_

**Date:**

**Housing Officer Signature** \_\_\_\_\_

**Date:**

**A Copy of completed plan to be provided to tenant.**

**Tenant has been offered the “getting to know our tenants/ personal housing plan” assessment but does not wish to have this undertaken.      Date \_\_\_\_/\_\_\_\_/\_\_\_\_.**

**File forms: Tenant House file.**