
The Independent Living Service Pilot

Appendix J

A self Assessment Tool

SECTION 1 - CLIENT DETAILS

One form to be completed for each property

CLIENT 1:		
SURNAME:		
FIRST NAMES:		
TITLE (please circle): Other (please specify)	DR, MISS, MR, MRS, MS, REV, _____	
ADDRESS (including postcode):		
MARITAL STATUS (please circle):	Divorced, Married, Single, Widowed	
TELEPHONE NUMBER:		
E MAIL ADDRESS:		
DATE OF BIRTH:		
YOUR CHOSEN SUPPORT BAND (PLEASE TICK)	ALARM ONLY	
	LOW	
	MEDIUM	
	HIGH	
DO YOU HAVE PROTECTED SUPPORTING PEOPLE CHARGES	(only applicable for residents who moved into sheltered accommodation prior to April 2003) YES/NO (please circle)	

Appendix J BANDING SELF ASSESSMENT FORM

CLIENT 2:		
SURNAME:		
FIRST NAMES:		
TITLE (please circle): Other (please specify)	DR, MISS, MR, MRS, MS, REV, _____	
ADDRESS (including postcode):		
MARITAL STATUS (please circle):	Divorced, Married, Single, Widowed	
TELEPHONE NUMBER:		
E MAIL ADDRESS:		
DATE OF BIRTH:		
YOUR CHOSEN SUPPORT BAND	ALARM ONLY	
	LOW	
	MEDIUM	
	HIGH	

SECTION 2 - SUPPORTING PEOPLE CHARGE DETAILS

ARE YOU CURRENTLY IN RECEIPT OF HOUSING BENEFIT	YES/NO (Please circle)
DO YOU CURRENTLY PAY FULL SUPPORTING PEOPLE CHARGES	YES/NO (Please circle)
DO YOU CURRENTLY PAY PART TOWARDS YOUR SUPPORTING PEOPLE CHARGES	YES/NO (Please circle)
DO YOU THINK YOU WOULD BENEFIT FROM A FAIRER ACCESS TO SERVICE ASSESSMENT	YES/NO (Please circle)

SECTION 3 – AUTHORITY TO SHARE INFORMATION

I understand that the information in this document is confidential between me, Cornwall Council, Carrick Housing Ltd Supported Housing and Management Staff who will only disclose information to other people with my/our prior consent to do so, unless there is a risk to myself, staff, other tenants or members of the public.

I agree that information about my Housing Benefit may be exchanged between Cornwall Council, Department of Work and Pensions and Carrick Housing Ltd for the purpose of calculating Supporting People charges.

Client 1
Signed: _____ Date: _____

Client 2
Signed: _____ Date: _____