



Resources Directorate
Housing Benefit

Claim ref:

**Questionnaire for people living in Specified Accommodation -
To be completed by local authority Housing Placement Officer or Social Worker who
were responsible for referring the tenant to the property**

Claimant's Name

Address

Phone number

What level of care, support or supervision does the tenant need?

Provide evidence of this such as a care plan

Who delivers the care, support and supervision?

If there are multiple agencies, please state who they are and what they deliver e.g. landlord provides housing support, care provider delivers care

Who has responsibility for commissioning the care, support and supervision? This is normally the agency that has the duty of care for the tenant

Is the tenant accessing the care, support and supervision provided for them at the property?

How is it funded?

Who has referred the client to this scheme, for example

- Local Authority, please state which borough
- CNWL
- Other - please give the name of the referring agency

Is the tenancy classified as Specialised Supported Housing?

If yes, please provide confirmation from the referring agency that the level of care required by the tenant is such, that if they were not living in a property like this, the only other option would be to live in a care home

How will the support, care or supervision be monitored?

How often is the monitoring?

Date of next review:

What alternative accommodation was considered? (Please give weekly rent and reason why it was not considered)

Role and organisation of person completing this form

Signed

Date