

Supported Accommodation Review Form

Claim ref:

Claimant name:

Claim address:

1. Please tell us about your client's current support needs and barriers to independent living.

2. How many hours of support do you provide to your client each week, and what does this generally consist of?

2.1 How many hours support do you provide per week?

2.2 Who provides the support?

2.3 How is this support funded?

3. What progress has been made towards any goals identified in your client's support plan in the following areas?

3.1 Health, safety and wellbeing

3.2 Independent living skills:

3.3 Welfare benefits:

3.4 Debts and arrears:

3.5 Education and employment:

3.6 Other:

4. Evidence requirements

Please return this form with copies of support/contact logs for the last 6 months as evidence of the support that has been provided, and an updated support plan.

If you are providing contact logs, please identify if any of the support has been provided by anyone other than yourselves, for example floating support that is person centred and not tied to the accommodation.

If you do not provide this supplementary information, Housing Benefit payments may be suspended or terminated.

Name of support worker:

Signed (support worker):

Date: