

# Social Need Assessment

## For Housing Applicants



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# Social Need Assessment

The Council's Social Need Assessment Panel is made up of Housing Officers and representatives from partner agencies. They will consider the welfare or hardship need that applicants experience in the property they occupy. The panel will look at how re-housing to a specific area will alleviate hardship or meet welfare needs.

Social Need or hardship awards will only be given where applicants circumstances are exceptional and neither experienced by the majority of other applicants on the Housing Register and are not covered by the Council's current Allocations Policy.

The information provided in this form will be used by the Council's Social Need Assessment Panel. It is important that you provide as much information as possible to allow a full assessment to be made of your case, including any supporting documentation.

The Social Need Assessment Panel will assess the non-medical, welfare and hardship circumstances of the application and will determine the effect that re-housing will have on the applicants. In relation to either welfare or hardship need, the Social Need Assessment panel will award:

- **High Priority**
- **Medium Priority**
- **Low Priority**
- **No Priority**



## High Priority

This would most likely be applicants who have been referred by professional agencies and whose current housing is unsuitable and affecting them to the point where it is having a detrimental effect on their quality of life.

## Medium Priority

This would be applicants who are suffering from some harassment and a move could be considered to improve the situation alongside other alternatives such as mediation. Medium priority may be awarded to current council tenants who are seeking one bedroom accommodation following a relationship breakdown, depending on the circumstances.

Another example of medium social need would be to receive support from the only available carer.

## Low Priority

A low priority may be awarded in cases of low level harassment or anti-social behaviour. Another example of low social need would be to receive support from someone other than the principal carer.

If you have any difficulty in completing this form please contact the Allocations Team who can give you advice. Any incomplete forms will be returned. You will be notified of the Social Need Assessment Panel's decision in writing.

Social Needs Panel assessment decisions are final. There is no right of appeal as the panel is made up of housing professionals. Applicants may provide additional evidence for a review of a decision. Applicants may make a complaint via the Councils Formal Complaints Procedures regarding the process, but the Councils Appeals and Complaints Panel will only review irregularities of the process, not the actual decision. They may however request the panel review decision to take into account additional information.

# Social Need Assessment Form

## 1 Name and address of applicant

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Postcode \_\_\_\_\_

Tel. No. \_\_\_\_\_

Application No. \_\_\_\_\_

## 2 Current Accommodation

(Please tick)

- Council Tenant       H/A Tenant       Private Tenant       Lodger
- Owner Occupier       No fixed abode

### 2.1 Type of Property Currently Occupying

(Please tick)

- House       Flat       Bungalow       Bedsit       Maisonette

Other \_\_\_\_\_

### 2.2 Bedrooms (Please tick)

- 1       2       3       4       5

#### Heating

- Gas       Electric       Solid Fuel

### 2.3 Does your current accommodation have any adaptations?

- Yes (If yes, please tick which below)       No
- Hand rail       Wet room       Stairlift       Ramp       Pendant alarm

Other \_\_\_\_\_

## Social Need Assessment Form (continued)

### 3 Family Details

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

\_\_\_\_\_

Bedroom Occupied \_\_\_\_\_

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

\_\_\_\_\_

Bedroom Occupied \_\_\_\_\_

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

\_\_\_\_\_

Bedroom Occupied \_\_\_\_\_

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

\_\_\_\_\_

Bedroom Occupied \_\_\_\_\_

## Social Need Assessment Form (continued)

**4** Please explain fully the reasons for your application

## Social Need Assessment Form (continued)

**4** Please explain fully the reasons for your application (continued)

## Social Need Assessment Form (continued)

### 5 Accommodation Required

Please state the type and size of accommodation you require:

### 6 Support from Organisations

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

**7** Please indicate if you have included any supporting evidence

(Please tick)

Yes

No

**7.1** If supporting evidence included, please give details



## Declaration

To the best of my knowledge the information I have entered on this form is true.

I am aware that to give false information knowingly or recklessly may result in the Council cancelling my application or recovering possession of any tenancy that is granted to me and that in certain circumstances I may be liable to prosecution. (Housing act 1985).

I undertake to notify the Council of any further changes affecting my application as they occur, and I fully understand that failure to notify a change of address or other information may result in my name being deleted from the Housing Register.

I consent to the Social Need Assessment Panel approaching my Employer, Social Worker, Health Visitor and any other persons as appropriate for confirmation of, or further information regarding my application.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Note: In joint applications both parties must sign above

Please fully complete this pdf form, save it to your computer or smart device and email it to: [customerservices@cannockchasedc.gov.uk](mailto:customerservices@cannockchasedc.gov.uk)

### To be completed by Social Need Assessment Panel only

Priority Given		Awarded
High	<input type="checkbox"/>	Band 1
Medium	<input type="checkbox"/>	Band 2
Low	<input type="checkbox"/>	Band 3
<input type="checkbox"/> None		

Comments of Social Need Assessment Panel

## For Office Use Only

Date received \_\_\_\_\_

Date applicant notified of decision \_\_\_\_\_

Application updated \_\_\_\_\_ by \_\_\_\_\_

Date \_\_\_\_\_

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### Review of Social Need Decision

Registration No. \_\_\_\_\_

Applicant Name \_\_\_\_\_

Applicant Address \_\_\_\_\_

\_\_\_\_\_

Original Decision \_\_\_\_\_

Social Need Panel Comments

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Social Need Assessment Panel can award:

### High Priority

Protection of vulnerable adults or children which is only possible if the household is re-housed. This includes (but is not limited to) the following:

- **Police witness** - Applicants who are acting as a police witness where the police have requested immediate rehousing under the witness protection scheme.
- **Severe Harassment** - the applicant, or a member of their household is subject to severe harassment, racial harassment, threats of violence, or actual violence, or threats of physical, emotional, or sexual abuse and it appears that the problems can only be resolved by an immediate move.
- **Traumatic Event** - Applicants who have suffered a traumatic event in, or extremely close to, their current home, where no other treatments, such as counselling are appropriate and remaining in the home would cause considerable ongoing distress.
- **Rehabilitation** - Where the applicant has undergone lengthy and expensive rehabilitation in residential surroundings and is ready to attempt independent living in the community and temporary accommodation, or existing housing would risk undoing the work of the centre or unit.
- **Hardship** - Applicants who need to move to a particular area to take up employment, and if they did not, significant financial hardship would be caused.

### Medium Priority

- As above but less frequent incidents or lower impact

### Low Priority

- As above but both less frequent and lower impact

### No Priority

- The situation and circumstances presented by the applicant as social need are not affected by or impacted on by the applicants housing circumstances.



Please return the completed application form to the following address:

## **Cannock Chase Council**

Housing Office, Civic Centre, PO Box 28, Beecroft Road Cannock, WS11 1BG

Tel: **01543 462621**

Email: **customerservices@cannockchasedc.gov.uk**

This document can be provided in braille, on audio cassette tape/disk,  
**large print** and in other languages on request to  
**Cannock Chase Council** on **01543 462621**.

? =  **01543 462621**

### **How we use your personal information**

The information provided will be used by Cannock Chase Council, who are the data controller. We will only share your information when necessary, with other departments such as Housing benefits, Council Tax, Environmental Health and external agencies such as Social Services, Staffordshire Police, NHS Choices, or where the law requires or allows us to. For further information please see: [www.cannockchasedc.gov.uk/PrivacyNotice](http://www.cannockchasedc.gov.uk/PrivacyNotice)

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Updated: April 2021