

**MOURNE GRANGE**  
**Housing Support assessment For Applicants and Residents**

Name of Resident \_\_\_\_\_

(Please tick level of dependency)  
**high      medium      low**

**HOME SECURITY & SAFETY**

Fire safety			
Safe use of domestic appliances			
Support to deal with personal callers			
Supervising access to personal space			
Security of personal space e.g. locking doors			
Support in managing general risks			

**IN THE HOME**

Advice on kitchen hygiene			
Support with reporting minor repairs			
Support with cleaning own room including windows			
Support with laundry (linen and clothes)			

**LIFE SKILLS**

Personal budgeting			
Support to access money and keep it safe			
Assistance to access outside Agencies			
Support in finding outside help e.g. social worker, advocate, dentist, doctor			
Advice and support on snack and food preparation			
Advice and support on training			
Advice and support about recreation			
Help with official correspondence			
Advice or assistance about social security benefits			
General counselling and support about housing issues			
Housing emergencies			

**AIDS FOR DAILY LIVING**

Mobility Support			
Hearing Support			
Sight Support			
Impaired understanding e.g. aphasia			

**RELATIONSHIPS WITH OTHER PEOPLE**

Advice and assistance			
Resolving disputes			
Supporting friendships			
Supporting communication			

(Please tick level of dependency)  
**high      medium      low**

**GENERAL COUNSELLING AND SUPPORT**

Befriending			
Reassuring			
Encouraging social interaction			
Prompting and reminding			
Non-specialist counselling and advice			
Advise on daily activities			
Support in keeping contact with family and friends			

**SHOPPING AND ERRANDS (e.g. library, Post Office)**

Independence			
Accompaniment			
Arranging transport			

**SOCIAL EVENTS AND RECREATION**

Within the Community			
Outside the Community			
Arranging transport			
Accompanying person			

**MOVING ON**

Advising, finding and supporting more appropriate accommodation			
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Completed by	
Role	
Signature	

Resident / Applicant signature	
Date	
Comments	