



# Tenant Ongoing Assessment & Support Plan

<b>Name of assessor</b>	
<b>Assessor's job role</b>	
<b>Date of initial assessment</b>	

## General Details

<b>Forename</b>	
<b>Surname</b>	
<b>Address</b>	
<b>Phone number</b>	
<b>Date of birth</b>	



# Support Needs & Planning

## Promoting Personal & Community Safety

### 1. Feeling safe

Identified need e.g. support with home fire safety checks, making home more secure, using door entry system, using emergency call system etc	Date need identified	Individual goal	Action taken to achieve goal	Date action completed

**Promoting Personal & Community Safety**

**2. Contributing to the safety and well-being of themselves and others**

Identified need e.g. support with home fire safety checks, making home more secure, using door entry system, using emergency call system etc	Date need identified	Individual goal	Action taken to achieve goal	Date action completed

**Promoting Independence & Control**

**3. Managing accommodation**

Identified need e.g. support with home fire safety checks, making home more secure, using door entry system, using emergency call system etc	Date need identified	Individual goal	Action taken to achieve goal	Date action completed

## Promoting Independence & Control

### 4. Managing relationships

Identified need e.g. support with home fire safety checks, making home more secure, using door entry system, using emergency call system etc	Date need identified	Individual goal	Action taken to achieve goal	Date action completed

**Promoting Independence & Control**

**5. Feeling part of the community**

Identified need e.g. support with home fire safety checks, making home more secure, using door entry system, using emergency call system etc	Date need identified	Individual goal	Action taken to achieve goal	Date action completed

Promoting Economic Progress & Financial Control

6. Managing money

Identified need e.g. support with home fire safety checks, making home more secure, using door entry system, using emergency call system etc	Date need identified	Individual goal	Action taken to achieve goal	Date action completed

Promoting Economic Progress & Financial Control

**7. Engaging in education/learning**

Identified need e.g. support with home fire safety checks, making home more secure, using door entry system, using emergency call system etc	Date need identified	Individual goal	Action taken to achieve goal	Date action completed

**8. Engaging in employment/voluntary work**

Identified need e.g. support with home fire safety checks, making home more secure, using door entry system, using emergency call system etc	Date need identified	Individual goal	Action taken to achieve goal	Date action completed



Promoting Health & Wellbeing – People Are:

**9. Physically healthy**

Identified need e.g. support with home fire safety checks, making home more secure, using door entry system, using emergency call system etc	Date need identified	Individual goal	Action taken to achieve goal	Date action completed

Promoting Health & Wellbeing – People Are:

**10. Mentally healthy**

Identified need e.g. support with home fire safety checks, making home more secure, using door entry system, using emergency call system etc	Date need identified	Individual goal	Action taken to achieve goal	Date action completed

Promoting Health & Wellbeing – People Are:

**11. Leading a healthy and active lifestyle**

Identified need e.g. support with home fire safety checks, making home more secure, using door entry system, using emergency call system etc	Date need identified	Individual goal	Action taken to achieve goal	Date action completed

**Risk assessment completed?** Yes  No

**Level of engagement with support service:** Active engagement  Partial engagement  Non-engagement

**Does the service meet the need of the user?** Yes  No  Partly

**If NO, has the tenant been advised of alternative service providers?** Yes  No

Please specify other support services involved/referred to:

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**Does the tenant agree with the actions and outcomes of the support plan?** Yes  No

**Does the tenant agree to the sharing of this information with relevant providers of support?** Yes  No

**Has tenant been provided with Supporting People and ways to make complaints/suggestions?** Yes  No

I understand that this form may be used for the planning, development and delivery of services, including helping to establish value for money, within Pembrokeshire County Council. Additionally it may be used for research and statistical purposes where it is appropriate to do so. Information collected will be stored securely and used anonymously. Information collected may be shared with third-parties in the interests of housing support related research or for further provision of non-housing related support services.

**Signed (Tenant):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signed (Scheme Manager):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**I agree for you to use my personal data**