

Please specify your claim reference number below if known

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 <ul style="list-style-type: none"> Local Authority, please state which borough CNWL Other - please give the name of the referring agency 	
Is the tenancy classified as Specialised Supported Housing?	Yes / No
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)	
About the length of stay:	
Does the agreement feature planned move-on or transition to settled accommodation within 2 years	Yes No Other (please specify)
Separate to the length of the tenancy, how long are you expecting to provide the accommodation to your tenant?	Up to 2 years More than 2 years
Role of person completing this form	
Organisation that person completing this form works for	
Name	
Date	