**Home for Ukraine – Immediate Needs Assessment Form (Follow Up Visit)**

Date of visit;

Address;

**Guest section**

1. **Basic information** **(Guest)**

|  |  |
| --- | --- |
| Family name |  |
| Lead family member mobile no |  |
| Lead family member email address |  |
| Family composition |  |
| Guest 1 | Name |
| Guest 2 | Name |
| Guest 3 | Name |
| Guest 4 | Name |

1. **Communication needs (Guest)**

Have the family accessed any ESOL classes and how are they going?

Any additional information required for ESOL classes Yes/ No

1. **Health needs (Guest)**

|  |  |
| --- | --- |
| Have the family registered for the GP and needed to attend for any health concerns | Yes/No |
| If yes give summary |  |
| Is any further health service information required? | Yes/ No |

1. **Financial needs (Guest)**

|  |  |
| --- | --- |
| Have you been able to access your funds on an allpay card or post office vouchers? | Yes/No |
| Have you been able to sign up for child benefit and Universal Credit? | Yes/No |
| Is any further financial support required in the form of charity applications, etc. Please specify what is needed |  |
| Were you able to open a bank account? | Yes/No |

1. **Adult employment and training needs (guests)**

|  |  |
| --- | --- |
| Have you been able to access job centre support and services for job opportunities? | Yes/No |
| Any further help required? |  |

1. **Children education/early years needs (Guest)**

|  |  |
| --- | --- |
| Have the children been able to access education? | Yes/no |
| Do you need any help with accessing nursery, school or college places? | Yes/no |
| Please give details of places needed if yes |  |
| Link to Schools Admissions process required? | Yes/no |
| Link to nursery/childcare application process required? | Yes/no |
| Lin to Connexions required? | Yes/no |

1. **Social Needs (Guest)**

|  |  |
| --- | --- |
| Have you had the opportunity to join local groups and met with other Ukrainian families? | Yes/No |
| Would you like links to social events/ local groups? |  |

1. **Other Needs (Guest)**

|  |  |
| --- | --- |
| Is there anything else we could do to help you right now? | Yes/no |
| If yes provide summary |  |

**Host section**

If the host is present do they have any queries for us to look into?

**To be completed by officer at end of visit**

**Visit Information and Outcome (officer only)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of visit |  | | | |
| Name of officers who attended the visit |  | | | |
| Category of visit | Initial visit | Follow up visit | | 2nd follow up visit |
| Who was present during the visit? |  | | | |
| Were you able to enter the property? | Yes/No | | | |
| Do you have any safeguarding or welfare concerns after the visit? | Yes/no | | | |
| Summary if yes |  | | | |
| Do you have any housing suitability concerns after the visit? | Yes/no | | | |
| Summary if yes |  | | | |
| Has the concern been raised with the appropriate LA lead? | Yes/no | | | |
| What actions are needed following the visit? Make sure to transfer all answers in blue boxes to this section | Action 1 | | action 2 | |
| Action 3 | | Action 4 | |
| Action 5 | | Action 6 | |
| Action 7 | | Action 8 | |
| Action 9 | | Action 10 | |
| Visit outcome: |  | | | |
| No immediate support required |  | | | |
| Immediate support required/follow up action needed |  | | | |
| No further home visits required (after follow up visit only) |  | | | |
| Further visits required (after follow up visit only/consider family casework referral |  | | | |
| Visit to be rescheduled |  | | | |