



This form should be completed by the landlord and resident to highlight any vulnerabilities or disabilities for which the client requires support and where that support will be provided directly by you the landlord or an external provider on your behalf.

Please provide information so that the correct level of benefit entitlement is calculated for your client.

It is important that all the questions are answered with as much detail as possible.

Where possible please provide relevant documentation to support your answers.

Any new claims or change of address claims for Housing Benefit will not be considered without this information being provided, also a copy of the individual support plan must be provided as soon as it is available.

| | |
|--------------------------|--|
| Name | |
| Address | |
| Claim Ref | |
| Landlord | |
| Previous address | |
| Reason for moving | |

What are your client's support needs? What illnesses, disabilities or vulnerability does your client have that impact on the accommodation they need to occupy, and the level of support provided?

What support will be provided to your client?

Who is providing this support?

How is this support funded?

How did you become aware of the client? Please provide a copy of the referral

Has the property been adapted to meet your client's needs? If yes, please provide details

Has the client had a Universal Credit or other means tested benefit work capability assessment? If yes, please provide a copy of the decision

Yes

No

Signed: _____

Name: _____

Date: _____