

**Devon Home Choice
Procedures Manual version 11.4 (23rd October 2024)
Social Need or Supporting another Service Assessment Form – Consent**

I give permission for _____ (organisation name) to complete the Devon Home Choice Social Need or Supporting another Service Assessment Form on my behalf.

I understand that the Privacy Notice on the Devon Home Choice website explains how my personal data will be used.

Name: _____

Signed: _____

Date: _____

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Application Number		Date	
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If the applicant does not have an Active application, please ensure they complete the online Devon Home Choice application form at www.devonhomechoice.com

Social Need or Supporting another Service Assessment Form

Social need or to support the delivery of another service

This applies to applicants who, for exceptional reasons, fall outside of the rest of Devon Home Choice Assessment Policy, and need to be found secure alternative accommodation. This may include child risk or concern issues where children would otherwise be accommodated by social services.

Exceptional cases may also be considered where there is a combination of factors or special circumstances, which make the overall effect disproportionately worse than any of those factors might normally be assessed as being.

Please complete all sections of this form **fully** and submit to:

ANY FORM NOT FULLY COMPLETED WILL NOT BE ACCEPTED

Name 1st Applicant	
Name 2nd Applicant	
Address	
Post Code	
Telephone number	

Details of all household members who will be rehoused				
First name	Surname	M/F	D.O.B	Relationship to applicant

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Current Housing Situation			
Landlord			
Tenure		Tenancy start date	
Rent balance		Date	
Rent arrears		Payment plan in place – please give details	
Please provide details of any management issues relating to this tenancy			
Social Move or Supporting Another Service Summary – Please provide a summary of why you are requesting additional priority for this applicant, setting out the risks / consequences of the applicant remaining where they are and the benefits of any move.			

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Is a child at Risk? If yes what are the risks and why would a move prevent these risks.

Report – Please provide full details of the current situation, listing dates of events. Use extra paper if needed

Areas of risk. Are there any areas where the applicant would be at risk? If yes why? Does the applicant need to move to another local authority area in Devon (If yes, please provide details)?

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Risk to others. Are there any issues that need to be considered if another person moves into the out going property?

Supporting evidence – please provide details of all supporting evidence.?

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Agent details – This is to be completed by the Officer completing this form	
Name	
Organisation	
Address	
Telephone number	
Email address	

Authorisation			
This referral will be considered by two managers.			
APPROVE (Tick)		REJECT (Tick)	
Name			
Signature			
Organisation			
Name			
Signature			
Organisation			
Comments			