

# Home Check Form

**RAG rating:**

Red

Amber

Green

**Date of visit:**

**Officer Name:**

**Main Trigger:**

**Secondary Trigger:**

## Person

**Address:**

**Occupants:**

	<b>Name</b>	<b>Relationship</b>	<b>Date of Birth</b>	<b>End Date</b>
Main tenant				
Joint tenant				
Occupant				
Occupant				
Occupant				
Occupant				
Occupant				
Occupant				
Occupant				
Occupant				
Occupant				
Occupant				

**Can you confirm tenants ID?**

Yes

No

**Telephone number main:**

**Telephone number joint:**

**Emergency telephone number:**

**Email address:**

**Pets?**

Yes - permission granted

No

Yes - **no** permission granted

*If yes, take details of pets*

## Financial

	Main Tenant	Joint Tenant
<b>Employed?</b>	Yes No	Yes No
<b>Would you be interested in voluntary work?</b>	Yes - referral made No	Yes - referral made No
<b>Would you be interested in further career advice?</b>	Yes - referral made No	Yes - referral made No

*If yes, provide links*

	Main Tenant	Joint Tenant
<b>Are you in receipt of HB?</b>	Yes No No – explained how to apply	Yes No No – explained how to apply
<b>Are you in receipt of UC?</b>	Yes No No – explained how to apply	Yes No No – explained how to apply

**Rent account balance:**

**Payment Method:**

*Direct debit is the safest and easiest way for our customers to pay. As you make a financial contribution towards your rent, you will need to complete a Direct Debit Mandate for future rent payments. We have a choice of payment dates for your convenience.*

*(Officer to assist with completing DD mandate via telephone or online)*

<http://www.sandwell.gov.uk/payingyourrent>

**If the DD mandate has not been completed, why?**

**Arrears?**

Yes

No

**Court costs:**

*If yes, provide number for rent teams to discuss*

**Welfare Rights referral made?**

Yes

No

*If yes, email to be sent to welfare rights general email account with core details, name, address, telephone number for referral*

**Do tenant(s) require money advice?  
(i.e. debt with other organisations)**

Yes

No

*If yes, provide links*

## Wellbeing

### Do you have a “My Sandwell” Account?

Yes

No – supported to set up

No – lack of technology

No – unable to use technology

No – refused

*If no, provide links*

### How are you settling in / managing in your current property?

*Provide links*

Have you met your neighbours?

Yes

No

Do you know where your local shops,  
leisure and health facilities are situated?

Yes

No

*If no, provide inks*

Is anyone or has anyone been in the armed forces? Yes

No

*If yes, provide inks*

	Main Tenant	Joint Tenant
Physical medical conditions?	Yes No	Yes No

If yes, provide details

	Main Tenant	Joint Tenant
<b>Do you require support in your current property?</b>	Yes - referral made No	Yes - referral made No
<b>Do you require an adaption in your current property?</b>	Yes - referral made No	Yes - referral made No

*If yes, refer to Adult Services, discuss property suitability/priority transfer*

If yes, provide details

	Main Tenant	Joint Tenant
<b>Mental health condition?</b>	Yes No	Yes No

If yes, provide details

	Main Tenant	Joint Tenant
<b>Is your mental health condition being managed?</b>	Yes No – referral made No – referral refused	Yes No – referral made No – referral refused

*If no, refer to support worker, if they have none / FS if appropriate. Advise to contact GP, book follow up visit date agreed by tenant / officer*

If yes, provide details

	Main Tenant	Joint Tenant
<b>Is a medical assessment required?</b>	Yes No	Yes No

*If yes, advise of process*

	Main Tenant	Joint Tenant
<b>Drug issues</b>	Yes	Yes
	No	No
<b>Alcohol issues</b>	Yes	Yes
	No	No
<b>Gambling issues</b>	Yes	Yes
	No	No

	Main Tenant	Joint Tenant
<b>Are they engaging with any Addiction support?</b>	Yes	Yes
	No - referral made	No - referral made
	No - referral refused	No - referral refused

*If no, make appropriate referrals – Cranston / GP*

	Main Tenant	Joint Tenant
<b>Is this affecting other elements of your tenancy?</b>	Yes	Yes
	No	No

*If yes, discuss next steps to help maintain tenancy*

	Main Tenant	Joint Tenant
<b>Do you feel isolated?</b>	Yes	Yes
	No	No

*If yes, search for local groups give details to tenant*

	Main Tenant	Joint Tenant

*If yes, explain next steps and follow Safeguarding process*

	Main Tenant	Joint Tenant
<b>Are you suffering from any harassment/ hate crime in your home or the area you live?</b>	Yes – reported via MySandwell	Yes – reported via MySandwell
	Yes – doesn't want to report	Yes – doesn't want to report
	No	No

*If yes, explain next steps, log on MySandwell (ASB) and follow Safeguarding process*

	Main Tenant	Joint Tenant
<b>Are you experiencing any ASB?</b>	Yes – reported via MySandwell	Yes – reported via MySandwell
	Yes – doesn't want to report	Yes – doesn't want to report
	No	No

*If yes, explain next steps, explain/assist logging on MySandwell (ASB) provide links*

	Main Tenant	Joint Tenant
<b>Floating support referral required?</b>	Yes	Yes
	Existing customer	Existing customer
	Not required	Not required

*If yes, provide links*

	Main Tenant	Joint Tenant
<b>Is a welfare assessment required?</b>	Yes	Yes
	No	No

*If yes, advise of process*

<b>Are there any signs of safeguarding issues at the property?</b>	No
	Yes - Adults
	Yes - Childrens

## Property

Property type

Number of Bedrooms

**Is the property under-occupied?**

Yes

No

*If yes, advise of process*

**Would you consider taking on a lodger?**

Yes

No

*If yes, advise of process*

**Is the property Overcrowded?**

Yes

No

*If yes, advise of process*

## Utilities

**Are all utility suppliers set up**

Yes

No

Not applicable

**Turn on and test completed**

Yes

No

Not applicable

**Tenant aware of annual gas safety process**

Yes

No

Not applicable

**Tenant aware of meter locations**

Yes

No

Not applicable

**Tenant aware of stopcock location**

Yes

No

Not applicable

## Property checks

*Room by room check to be completed*

<b>Bedroom 1:</b>	Acceptable	Unacceptable	
<b>Bedroom 2:</b>	Acceptable	Unacceptable	Not applicable
<b>Bedroom 3:</b>	Acceptable	Unacceptable	Not applicable
<b>Bedroom 4:</b>	Acceptable	Unacceptable	Not applicable
<b>Bedroom 5:</b>	Acceptable	Unacceptable	Not applicable
<b>Bedroom 6:</b>	Acceptable	Unacceptable	Not applicable
<b>Kitchen:</b>	Acceptable	Unacceptable	
<b>Bathroom:</b>	Acceptable	Unacceptable	
<b>Living room:</b>	Acceptable	Unacceptable	
<b>Dining Room:</b>	Acceptable	Unacceptable	Not applicable
<b>Hall/Landing:</b>	Acceptable	Unacceptable	
<b>W/C:</b>	Acceptable	Unacceptable	Not applicable
<b>Front Garden:</b>	Acceptable	Unacceptable	Not applicable
<b>Rear Garden:</b>	Acceptable	Unacceptable	Not applicable
<b>Communal Shed:</b>	Acceptable	Unacceptable	Not applicable
<b>Balcony:</b>	Acceptable	Unacceptable	Not applicable

*When checking gardens please include boundaries*

*If any of the above are unacceptable please note the issue raised, how this will be managed and next steps (asb, hoarding, tenancy breach, repeat visits)*



**Repairs outstanding?**

Yes

No

*Refer tenant to My Sandwell [my.sandwell.gov.uk](http://my.sandwell.gov.uk) to report / chase repairs*

**Adapted property?**

Yes

No

*If yes, what has been adapted and who is responsible?*

**Do you have a mobility scooter?**

Yes

No

*If yes, refer to scooter process*

**Working smoke alarm:**

Yes

No

*If not, log urgently*

**Fire Safe and Well check complete?**

Yes

No

*online Referral Form (Insert relevant office code)*

*Provide link <https://www.wmfs.net/safety/at-home/>*

**Does the property show evidence of hoarding?**

Yes

No

*If yes, email to WMFS and follow hoarding process*

**Any alterations made to the property?**

Yes

No

*If yes, describe the alteration:*

**Was permission requested and agreed?**

Yes

No

*If no, refer to alteration process*

## Tenant(s) Responsibilities

<b>Repair responsibilities</b>	Explained	Not explained
<b>Home improvements</b>	Explained	Not explained
<b>Mould prevention</b>	Explained	Not explained
<b>Garden maintenance</b>	Explained	Not explained
<b>Vehicle responsibilities</b>	Explained	Not explained
<b>Anti-social behaviour</b>	Explained	Not explained
<b>Termination/end of life</b>	Discussed	Not Discussed

*i.e. do they have a will/arrangements in place following death?*

*Provide links*

*Condensation [https://www.youtube.com/watch?v=\\_NR53Y2x2X4&feature=youtu.be](https://www.youtube.com/watch?v=_NR53Y2x2X4&feature=youtu.be)*

## Further Actions

**RAG Rating reviewed:**                      Red                      Amber                      Green

**Summary:**

**Is a further visit required?**                      Yes                      No

**Date of next visit**

**Support plan required?**                      Yes                      No

*Officer to set targets / agreed actions*

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