Move On Support and Readiness Assessment Form

Name:	
Origin route into homelessness and shelter and length of stay:	
Physical health/treatment and medication i.e diabetes etc:	
GP:	
Mental health past / current:	
Education and employment history:	
Previous history managing own home, work life balance and finances etc:	
Cooking: (Food shopping, budgeting, preparing)	
Budgeting:	
Alcohol past / current:	
Drugs past / current:	
Own assessment: Emotional Physically Practically i.e getting what's needed done.	

What support do you think you need sourcing and maintaining a flat:	
How do you manage recreational time:	
Have you been evicted, what happened and why:	
Debt, includes owing money on rent and utilities etc, past / present:	
What do you do when you feel low energy and mood:	
Support networks, social and professional:	
Do you have access to furniture and cookware:	
Describe what basic items you need i.e. cooker, bed etc:	
Have you had any criminal convictions?	
What do you do when you are feeling happy and want to celebrate:	
What do you do in an emergency situation:	
Have you ever felt unsafe and at risk from other people:	
Ever wanted to end your life or harm yourself:	