

ASSESSING A PERSON'S RISK OF SELF-NEGLECT

PERSON'S DETAILS	
name	DoB
address	

PERSON'S VIEW OF CONCERNS

OTHER PEOPLE'S VIEW OF CONCERNS

WHAT DOES THE PERSON WANT TO HAPPEN?

KEY THINGS TO KNOW ABOUT THEIR BACKGROUND

HOUSING SITUATION		N/A <input type="checkbox"/>

OTHER PEOPLE IN THE HOUSEHOLD		N/A <input type="checkbox"/>
name	relationship	

PETS		N/A <input type="checkbox"/>
type	any concerns	

ANY INFORMAL SUPPORT			N/A <input type="checkbox"/>
name	what do they do?	contact details	

CONCERNS ABOUT AMOUNT OF STORED POSSESSIONSN/A Please refer to the images here [clutter image ratings](#) and score kitchen, lounge and bedroom.**IMAGE REPRESENTATIVE OF KITCHEN**

1	2	3	4	5	6	7	8	9

IMAGE REPRESENTATIVE OF LOUNGE

1	2	3	4	5	6	7	8	9

IMAGE REPRESENTATIVE OF BEDROOM

1	2	3	4	5	6	7	8	9

FUNCTIONALITY OF SPACE

<i>yes</i>	<i>no</i>	<i>don't know</i>
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Can they get out in an emergency / people get in?

Do possessions limit free movement around the property?

Is the kitchen not accessible or usable?

Is the bathroom not accessible or usable?

Do they have somewhere comfortable to sleep?

DESCRIPTION OF STORED POSSESSIONSN/A **CONDITION OF GARDEN OR SHARED ACCESS AREAS**N/A

ARE THEY CURRENTLY EXPERIENCING HOMELESSNESS?

yes no

IF YES, DO THEY HAVE ACCESS TO ...

	yes	no	don't know
somewhere dry to sleep			
hot meals			
hot drinks			
changes of clothing			
somewhere to shower / wash			
warm / dry bedding			
laundry facilities			
medical treatment			

OTHER VULNERABILITY FACTORS

	yes	no	don't know
poor mental health			
poor physical health			
alcohol / substance misuse			
recent loss or bereavement			
hate crime / target within local community			
cognitive difficulties			
life changes that they are finding hard to cope with			
social isolation			
risk of exploitation			
tenancy at risk			

SUMMARY OF WHAT IS WORKING WELL FOR THE PERSON

