



Initial Assessment Placement Form

Date of initial assessment:

DD	MM	YY
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Pass Consent

I consent to have information recorded about me and my use of services on PASS. I understand that this information will be shared with other core homeless service providers in the region. I have been informed of my rights to access all of the information recorded about me on PASS

Signed: _____

Consent refused:

Date: _____

Main Applicant	Linked Applicant
Pass ID	

SECTION 1: BIOGRAPHICAL DETAILS

First Name		
Surname		
Date of Birth		
P.P.S.N.		
I.D. presented		
Contact Number		
Email Address		
Local Authority <small>(of housing application)</small>		

Citizenship	Irish <input type="checkbox"/> EU (Other EEA) <input type="checkbox"/> Non EU (Non EEA) <input type="checkbox"/>	Irish <input type="checkbox"/> EU (Other EEA) <input type="checkbox"/> Non EU (Non EEA) <input type="checkbox"/>		
Country of Birth				
Visa status (if applicable)	Stamp No. _____ Asylum <input type="checkbox"/> No Status <input type="checkbox"/> GMB or IPR card No. _____	Stamp No. _____ Asylum <input type="checkbox"/> No Status <input type="checkbox"/> GMB or IPR card No. _____		
If Stamp 4, please select the type	Refugee/Subsidiary protection	Irish citizen child	Refugee/Subsidiary protection	Irish citizen child
	Permission to remain	Spouse of Irish	Permission to remain	Spouse of Irish
	Family reunification/EU FATS	Other	Family reunification/EU FATS	Other

Were you in care as a child	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, what type of care? <small>Tick more than one if applicable</small>	Residential <input type="checkbox"/> Foster <input type="checkbox"/> Relatives <input type="checkbox"/>	Residential <input type="checkbox"/> Foster <input type="checkbox"/> Relatives <input type="checkbox"/>

SECTION 2: FAMILY COMPOSITION

Single		Under 18	Over 18
Couple (married)	No. of children/dependents living with		
Couple (not married)	No. of children not living with		

SECTION 3: HOUSING WAITING LIST

Are you currently on a housing waiting list?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES for which local authority?	
Housing REF no.		Verified on LA database	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 4: DETAILS OF HOMELESSNESS

Is this your first experience of homelessness?

Yes No

If NO, has it been two years or more since you have been homeless (i.e. no PASS record exists anymore)

Yes No

Please indicate the reason/s for your current experience of homelessness according to type of previous accommodation:

	Private Rented	Local Authority	AHB	Home owner	Parental/ family home	Other	Verified	
NOT – landlords family use							Yes	No
NOT – property to be sold							Yes	No
NOT – landlords bankrupt/ receivership							Yes	No
NOT – tenant rent arrears							Yes	No
NOT – anti social behaviour							Yes	No
NOT – unsuitable accommodation							Yes	No
NOT – first 6 months of tenancy							Yes	No
NOT – breach of tenant responsibilities							Yes	No
NOT - landlord making renovations							Yes	No
Invalid/illegal NOT							Yes	No
Voluntarily left property without NOT (please specify below)							Yes	No
No income source							Yes	No
Property repossessed							Yes	No
Relationship breakdown – parent							Yes	No
Relationship breakdown – partner							Yes	No
Relationship breakdown - other (please specify below)							Yes	No
Overcrowding							Yes	No
Overcrowding multiple addresses (sofa surfing)							Yes	No
Experience of anti social behaviour							Yes	No
Leaving general hospital							Yes	No
Leaving from prison							Yes	No
Leaving from psychiatric care							Yes	No
Leaving HSE childcare services							Yes	No
If OTHER please give details (e.g. addiction, disabilities, mental health)								

SECTION 5: ACCOMMODATION HISTORY

Please give details of previous accommodation (four if applicable) that you have resided in. Number them in order of most recent with one being the most recent:

Address	Type of accommodation (Please select from list provided)	Date at address	
		From	
		To	
		From	
		To	
		From	
		To	
		From	
		To	

	Abbreviation		Abbreviation
Homeowner	HO	Parents/Family: PR	FAM/PR
Traveller accommodation	TA	Parents/Family: LA/AHB	FAM/LA
Direct provision/asylum	DP	Parents/Family: Homeowner	FAM/HO
Local authority tenancy	LA	Living/staying with friends	FAM/FR
Approved housing body	AHB	Domestic violence refuge	DV
Private rented	PR	Long term accommodation	LTA
PR with HAP (or RAS/rent supplement)	PR/HAP	Emergency accommodation	EA

SECTION 6: INCOME DETAILS

	Main applicant	Linked applicant	Income verified	
			Yes	No
Type of income (including type of welfare payment if applicable)			Yes	No
Total weekly income			Yes	No
Day of payment			Yes	No

SECTION 7: PLACEMENT AND SUPPORT NEEDS

Please indicate if any of the following relates to you/your partner or other household member?

Health issues (that may impact any placement given)	Main applicant	Linked applicant	Child/ Dependent
Serious physical or mental health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol, drug or substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently receiving treatment/support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered YES to any of the above please give details:

Main Applicant	Linked Applicant	Child/Dependent

Please indicate if any of the following relates to you/your partner or other household member?

Legal issues (that may impact any placement given)	Main applicant	Linked applicant	Child/ Dependent
Convicted of a criminal offence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current legal issues pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary release from prison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered YES to any of the above please give details:

Main Applicant	Linked Applicant	Child/Dependent

SECTION 8: SUPPORT AGENCIES

Please indicate below details of any agency/support service you/your family access e.g. social worker, family support, community welfare officer, addiction service, probation officer, key worker, community psychiatric nurse, PHN, doctor/GP etc.

Name of agency/support	Type of support/service	Location/postal code	Frequency of support

SECTION 9: CHILDREN'S DETAILS

If applicable, please provide the following details in relation to your child(ren) and/or dependents:

1	Name of child/ dependent	DOB			Age	Residing with you		Subject to care order		Relationship to main applicant	Relationship to linked applicant	PHM notified	
		DD	MM	YY		YES	NO	YES	NO			YES	NO
2		DD	MM	YY		YES	NO	YES	NO			YES	NO
3		DD	MM	YY		YES	NO	YES	NO			YES	NO
4		DD	MM	YY		YES	NO	YES	NO			YES	NO
5		DD	MM	YY		YES	NO	YES	NO			YES	NO
6		DD	MM	YY		YES	NO	YES	NO			YES	NO
7		DD	MM	YY		YES	NO	YES	NO			YES	NO
8		DD	MM	YY		YES	NO	YES	NO			YES	NO
9		DD	MM	YY		YES	NO	YES	NO			YES	NO

For children of school going age please provide details on their school setting:

1	Name of child/ dependent	Type of school (e.g. crèche, preschool, primary, secondary, higher education)	Name of school	Location/ postal code
2				
3				
4				
5				
6				
7				
8				
9				

IN CASE OF EMERGENCY

Primary Contact		If different, who should we contact with regards to the care of your children/dependents in case of emergency?	
Name		Name	
Address		Address	
Contact no.		Contact no.	
Relationship to you		Relationship to you	

Additional comments