



ON COMPLETION OF THIS FORM PLEASE POST TO THE RELEVANT WARDEN

Sheltered Housing Pre - Support Plan Information

Address of property: .....

Table with 5 columns: Name, DOB, Contact Number, NOK/Emergency Contact Numbers, Language/Religion. Rows 1 and 2.

Is the customer registered with a GP? YES/NO

If so, which surgery is the customer registered with?

.....

Does the customer have any specific medical issues?

.....

Does the customer have any support needs?

.....

Approximate Tenancy start date .....

Approximate moving in date? .....

I/We have been informed the warden will make an appointment to carry out a Needs and Risk assessment to identify my/our needs and complete the support plan within 14 days of my/our tenancy commencement /moving in date.

Tenant 1: .....

Tenant 2: .....

Date: .....