

**SUPPORTED LODGING ENQUIRY FORM**

**Enquiry No:-**

**1. PERSONAL DETAILS**

|                      |                                   |  |               |  |                                   |  |     |  |
|----------------------|-----------------------------------|--|---------------|--|-----------------------------------|--|-----|--|
|                      | <b>First Enquirer</b>             |  |               |  | <b>Second Enquirer</b>            |  |     |  |
| <b>SWIFT ID:</b>     |                                   |  |               |  |                                   |  |     |  |
| <b>Surname</b>       |                                   |  |               |  |                                   |  |     |  |
| <b>Forename</b>      |                                   |  |               |  |                                   |  |     |  |
| <b>DOB &amp; Age</b> | DOB                               |  | Age           |  | DOB                               |  | Age |  |
| <b>Title</b>         | Mr / Mrs / Miss / Ms / Dr / Other |  |               |  | Mr / Mrs / Miss / Ms / Dr / Other |  |     |  |
| <b>Home Address</b>  |                                   |  |               |  |                                   |  |     |  |
| <b>Postcode</b>      |                                   |  | <b>E-mail</b> |  |                                   |  |     |  |
| <b>Tel No</b>        |                                   |  | <b>Mobile</b> |  |                                   |  |     |  |

**2. ENQUIRY TYPE/AGE/ GENDER/NUMBERS**

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

**3. RESOURCE SCREEN NOTES (please tick, sign & date)**

|                          |  |                          |  |                                |  |                          |  |
|--------------------------|--|--------------------------|--|--------------------------------|--|--------------------------|--|
| Enquiry                  |  | Visit arranged           |  | Confirmation letter/email Sent |  | Logged on Stats/SWIFT    |  |
| <input type="checkbox"/> |  | <input type="checkbox"/> |  | <input type="checkbox"/>       |  | <input type="checkbox"/> |  |
| <b>Date</b>              |  | <b>Date of visit</b>     |  | <b>Date</b>                    |  | <b>Date</b>              |  |

**4. INITIAL SCREENING – USING SWIFT/CCM**

|   |      |          |  |
|---|------|----------|--|
| Is the enquirer known to SW or recorded as a previous resource on CCM. YES/NO | Date | SWIFT ID | Reasons for previous Swift/CCM recording |
|   |      |          |  |

Name of worker who carried out screening .....

|   |  |   |  |
|---|--|---|--|
| <b>Where did you see our telephone number/Information</b> <i>(note all if more than one - helps to know what works)</i>   |  |   |  |
| <b>Who else lives in your household?</b> <i>(give details)</i>  | Age  | Gender  | Relationship to Enquirer                       |
|   |  |   |  |
|   |  |   |  |
| <b>Do you have a spare room?</b>  | YES <input type="checkbox"/> NO <input type="checkbox"/>                                     |   |  |
| <b>What would be the proposed arrangements for the young person's room/what other parts of the home would be available to the young person?</b>                       |  |   |  |
| <b>Are there any smokers in the household?</b>  | YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(If YES please give details)</i> |   |  |
|   |  |   |  |
| <b>Do you work/ what is your occupation?</b>  | 1 <sup>st</sup> Applicant  | 2 <sup>nd</sup> Applicant                               |  |
| <b>If you work what would your availability be for the Young Person</b>   |  |   |  |
| <b>What experience do you have of caring for Young People?</b>  |  |   |  |
| <b>Do you know anyone who provides support to Young People/ Supported Lodgings/ Fostering or any child/young person who is or has been Looked After by the above?</b> |  |   |  |
| <b>Have you any experience of working/caring for children/young people with disabilities?</b>   |  |   |  |
| <b>How long have you been considering becoming a Supported Lodgings Provider? Who have you talked to about this? Any feedback?</b>                                    |  |   |  |
| <b>How would you manage periods of ill health, young people not being in work or education, holidays etc?</b>   |  |   |  |
| <b>Do you think you are geographically viable for matching with a young person?</b>   |  |   |  |
|   |  |   |  |
| <b>Person taking this enquiry - Have you given the following information?</b>   |  |   |  |
| Assessment Process/timescales<br><input type="checkbox"/>   | Meeting with whole family<br><input type="checkbox"/>  | Stat checks required by law<br><input type="checkbox"/> | Mandatory training<br><input type="checkbox"/> |
| Would we want to follow up this enquiry?  | If yes, please give summary of reasons   |   |  |
|   | If no, please explain why  |   |  |
| Additional Comments:  |  |   |  |