 Home Visiting Befriending: Home Assessment

This form is to be filled in along with the Home Visiting Befriending Referral Form.

**Do they have Life Line installed or any other personal assistance alarms/schemes?**

**YES / NO**

**If YES, What is the personal assistance being used?**

**Is there anything our befriender would need to know?**

**Do they have carers attending? YES / NO**

**If YES, will they be present at the Home Visits?**

**Do they live alone? YES / NO**

**If NO, who is the other person?**

**Will they be present at the Home Visits?**

**Does the Service User smoke? YES / NO**

**What do they smoke?**

**Cigarettes / Vapes**

**Are there any pets? YES / NO**

**If YES, what are they?**

**How is the home accessed?**

**What type of home do they live at:**

**House / Bungalow / Flat**

**Service User Name: Service User D.O.B:**

**Service User Address:**

All parts of this form **MUST** be completed in full and with as much detail as possible.

**Name of person completing this form:**

**Relationship to service user:**

**Organisation (if applicable):**

**Contact number:**

**Contact Email:**

**Have you visited the service users home in order to complete this assessment?**

**Date of visit:**

**Does the service user have any mental or physically health issues our befriender would need to be aware of? YES / NO**

**If YES, add further details here:**

**Is the home clean and safe? YES / NO**

**If NO, add further details here:**

**Is the service user a hoarder? YES / NO**

**If YES, add further details here:**

**Please Note:** Our volunteers are not professionally trained, therefore there may be some situations where we cannot guarantee we can provide a befriender.