



***Assessment of Medium to Long Term Accommodation Needs***

**Name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PPSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PPSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Address:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If in Rest Centre, Hotel, B&B please quote room no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employment Status:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location of Employment:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Transport Y/N \_\_\_\_\_\_\_**

**Areas of Preference:** 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you a preference for Shared or Vacant accommodation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Family Members:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **DOB** | **PPSN** | **School**  **Yes/No** | **Name of School** | **Working**  **Y/N** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Is there any member of the family that requires specially adapted accommodation Y/N:**

**If Yes, please give details:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If you are a single person are you willing to share accommodation with another person/persons Y/N:**

**If yes, can you identity this person/persons:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Can you speak English**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If no, do you have access to a translator:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you give permission to share this information with potential accommodation providers: Yes/No.**

**Do you give permission to share this information with other agencies: Yes/No.**

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If your require further information contact Aisling at** [**ascahill@roscommoncoco.ie**](mailto:ascahill@roscommoncoco.ie) **or WhatsApp 0871919551**