



Specialist Homelessness Service (SHS) SHS Unassisted Persons



Given Name: Family Name:

Alias:

Sex: Male Female

Date of birth:/...../..... (Year estimated) Age:

Relationship to Presenting Unit Head: How many people in Presenting Unit:

Presenting unit to be listed on page 2.

Was this the first request for services at any agency on this date? Yes No

What service(s) had been requested?

- Short-term or emergency accommodation
- Other housing / accommodation
- General assistance and support
- Specialised services

When had the service(s) been requested for?

- Within 24 hours
- Between 24 and 48 hours
- In 3 – 4 days
- In 5 – 6 days
- In 7 – 14 days
- In more than two weeks
- Don't know

Why had the service(s) not been provided?

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Person did not accept service <input type="checkbox"/> Person wanted different services <input type="checkbox"/> Agency was in the wrong area <input type="checkbox"/> Agency had no accommodation available <input type="checkbox"/> Agency had no other services available <input type="checkbox"/> Agency had insufficient staff | <ul style="list-style-type: none"> <input type="checkbox"/> Agency was inappropriate, wrong target group <input type="checkbox"/> Agency's facilities were not appropriate for a person with special needs <input type="checkbox"/> Person was refused service/ person did not meet criteria <input type="checkbox"/> No fee-free services, available at the time of request <input type="checkbox"/> Other |
|---|--|

NOTES:
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Relationships

Full Name:

Date of Birth:/...../..... (Year estimated) **Gender:** Male Female

Relationship to Presenting Unit Head:.....

Full Name:

Date of Birth:/...../..... (Year estimated) **Gender:** Male Female

Relationship to Presenting Unit Head:.....

Full Name:

Date of Birth:/...../..... (Year estimated) **Gender:** Male Female

Relationship to Presenting Unit Head:.....

Full Name:

Date of Birth:/...../..... (Year estimated) **Gender:** Male Female

Relationship to Presenting Unit Head:.....

Full Name:

Date of Birth:/...../..... (Year estimated) **Gender:** Male Female

Relationship to Presenting Unit Head:.....

Full Name:

Date of Birth:/...../..... (Year estimated) **Gender:** Male Female

Relationship to Presenting Unit Head:.....

NOTES:

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