Location Priority Checklist

| Client: | |
|--|--|
| Telephone No: | |
| Email address: | |
| Date of referral: | |
| Household composition - Full name, DOB and | |
| Relationship | |
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In Borough

| Impacts considered | Is there an unacceptable adverse impact? | Evidence provided | Officer Assessment |
|----------------------------|--|-------------------|--------------------|
| Do you have long | | | |
| standing arrangements | | | |
| in place to provide care | | | |
| and support to another | | | |
| family member? | | | |
| Are any of the children in | | | |
| your care subject to a | | | |
| child protection plan? | | | |
| Are any of the children in | | | |
| your care subject to an | | | |
| education, health and | | | |
| care plan child | | | |
| protection plan? | | | |
| Is anyone in the | | | |
| household receiving | | | |
| treatment for | | | |
| physical/mental health | | | |
| condition which cannot | | | |
| be transferred to or they | | | |
| are at a critical point in | | | |
| their treatment | | | |

Close to Borough (within 90 minutes travel):

| Impacts considered | Is there an unacceptable adverse impact? | Evidence provided | Officer Assessment |
|---|--|-------------------|--------------------|
| Have you been continuously employed for the last 6 months in a role of over 16 hours per week that cannot be transferred to a new area i.e. a supermarket? | | | |
| Are any of the children currently undertaking their GCSEs, A Level's with their exams due to be taken in this academic year? | | | |
| Any other exceptional circumstances which demonstrate an exceptional and compelling need to be housed within 90 minutes travelling distance that cannot be met outside the Borough? | | | |
| Is any household member currently on maternity leave? | | | |

Referring Service:

| НОС | Nominated Case | SHIP | Nominated case |
|------|----------------|------|----------------------|
| | Interim duty | | Interim duty |
| | | | Pathway placement |
| NRPF | Assessment | СҮР | Intentional homeless |
| | Move on | | Any other duty |
| | | | |

I can confirm that each of the above impacts has been taken into account and that I consider the client's housing requirements are as follows:

| Signed(<i>Pr</i> | evention & Support Officer) |
|---|-----------------------------|
| Any other requirements: | |
| Are the family suitable for a PRS discharge? | |
| Please specify reasons: | |
| In District/Within 90 minutes/Over 90 minutes | |
| Type of Property (Bed room(s)) | Floor needs: |
| | |