

Gypsy and Traveller Assessment Form (Part 2)

**Metz Bridge Court
Gypsy & Traveller
Site
Riverside Park Road
Middlesbrough
TS2 1NL**

For office use only	Officer:
Family Name:	
Received Date:	

Gypsy and Traveller Assessment Form

	Has the applicant ever approached this or any other Council for assistance with housing advice before?
	If yes, please provide details: <input type="checkbox"/> Yes <input type="checkbox"/> No

	Is the applicant or anyone member of their household currently on a housing waiting list?
	If yes, please provide details: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Where?
	For how long?
	Have they had any offers?

	Does the applicant or any member of their household have any drug and/or alcohol problems?
	If yes, please provide details: <input type="checkbox"/> Yes <input type="checkbox"/> No

	Does the applicant or any member of their household have any health problems?
	If yes, please provide details: <input type="checkbox"/> Yes <input type="checkbox"/> No

	Has anyone ever taken any action against the applicant or any member of their household for anti-social behaviour?
	If yes, please provide details: <input type="checkbox"/> Yes <input type="checkbox"/> No

	Has the applicant or any member of their household ever been convicted of a criminal offence?
	If yes, please provide details: <input type="checkbox"/> Yes <input type="checkbox"/> No

	Has the applicant or any member of their household served in the Armed Forces?
	If yes, please provide details: <input type="checkbox"/> Yes <input type="checkbox"/> No

	Has the applicant or any member of their household have a medical condition or disability that is made worse by their current housing situation and /or may affect the suitability of any future accommodation they may be offered?
	If yes, please provide details: <input type="checkbox"/> Yes <input type="checkbox"/> No

	Does the applicant or any member of their household have accommodation available to them in the UK or anywhere else in the world?
	If yes, please provide details: <input type="checkbox"/> Yes <input type="checkbox"/> No

Note details of any contacts where appropriate:	Name:	Support provided:	Contact number:
Family Doctor			
Consultant			
Social Worker			
Community Nurse			
Solicitor			
Health Visitor			
Probation Officer			
Youth Offending Team			
Support Worker			
Next Of Kin			
Other(s): please state			

Additional Information