

**Blackpool Council**  
**Current Supported Lodgings Assessment Form**

To be completed by the provider for each young person placed and returned to the After Care Team

Name of Provider:
Address:
Name of young person placed:
Date placement commenced:
Name of young person's Personal Advisor:
1. Please comment on the placement: a) Include comments with regard to the emotional care of the young person, and it's appropriateness to meeting the young person's needs.  b) Include comments with regard to the young person's linguistic, ethnic, cultural and religious needs.
2. Any comments with regard to clothing, diet and hygiene?
3. Do you have any contact with the young person's birth family?
4. Please comment on young person's view of placement. (Please consider questions 1 – 3 when answering this question).

Signed .....

Date .....