**Navigation Service: Initial Assessment**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | |  | | | | | |
| **Client name** | |  | | | | | |
| **Consent signed** | | YES / NO | | | | | |
| **Navigator** | |  | | | | | |
| **AFFECTED PROPERTY ADDRESS** | | | | | | | |
|  | | | | | | | |
| Mortgaged | Rented | | | | Freehold | | Other |
| Which category is your home in? | | | Red / White / Yellow / Other = | | | | |
| **Household composition (Other people who live with you)** | | | | | | | |
| **Name** | | | **Age** | **Gender** | | **School (if applicable)** | |
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| **Any other details you need to tell us regarding your household:** | | | | | | | |
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| **Do you have:** | | | Home insurance | | | Contents Insurance | |
| Name of Insurance company | | |  | | | | |
| EQC claim number | | |  | | | | |
| Are you receiving accommodation assistance from your insurance company (or will you)? | | |  | | | | |
| **Presenting issues that have led to the client accessing support:** | | | | | | | | |
| * Have to move out while home is repaired and/or land remediated * Have lost their home and/or land completely and require assistance to relocate * Home is damaged and requires repair | | | | | | | | |
| **Insurance/ repair concerns:** | | | | | | | | |
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| **CURRENT / TEMPORARY ACCOMMODATION** | | | | | | | | | |
| **Address** | | | | | | | | | |
|  | | | | | | | | | |
| Rented | | | Billeted | | | | | | Whānau/Family |
| How long is this accommodation available for you? | | | | |  | | | | |
| **Household composition (Other people who live with you)** | | | | | | | | | |
| **Name** | | | | **Age** | | **Gender** | | **School (if applicable)** | |
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| **Does this accommodation have adequate facilities for your household eg. Space; Security; Heating; Access; Pets; Storage etc.** | | | | | | | | | |
|  | | | | | | | | | |
| **Are there other details you need to tell us about your current accommodation?** | | | | | | | | | |
|  | | | | | | | | | |
| **Basic needs or concerns (please tick):** | | | | | | | | | |
| Food | Clothing | Transport | | | Isolation | | Other (please specify) | | |
| **Personal strengths resources[[1]](#footnote-1)**   * Support network – who are they (including pets)? * What community interaction and support is available and utilised? * Spiritual and cultural supports/ considerations? * Interests and hobbies? | | | | | | | | | |
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| **FINANCIAL ASSISTANCE** | |
| If you have other financial issues you can check your eligibility for assistance with Work and Income through their web site: <https://www.workandincome.govt.nz/> | |
| **Financial Impact: Do you need help with paying rent at your current property?** | |
|  | |
| **Do you want help to access any of the following?** | |
| * Independent scoping | YES / NO |
| * Engineers report | YES / NO |
| * Land remediation advice | YES / NO |

1. *Please note any disclosure of previous stress/abuse/trauma/ family relationship issues/ pre-existing issues that become apparent and discuss these with your home agency and or Navigator.* [↑](#footnote-ref-1)