



Date of Completion:
 / /

SUPPORTING PEOPLE ANNUAL SUPPLY MAPPING

The information given within this questionnaire will be used by The Supporting People Team for planning, monitoring and contract reviewing purposes and as such may be shared with other agencies.

For Office Use Only:

Year: _____

Providers Name and Address: _____

SP Reference Number: _____

Scheme Name and Address: _____

SCHEME DETAILS
 (PLEASE NOTE THESE QUESTIONS ARE SPECIFIC TO THE
SCHEME DETAILED ABOVE)

1. Please tick which funding source you receive:

Supporting People Grant (SPG)	
Supporting People Revenue Grant (SPRG)	

2. Please enter the:

Total Number of Units within the scheme:	
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3. Please state the number of units designated for

Minority Ethnic	
Women Only	
Disabled	
Children	

4. Service User Age Range

What is the youngest age accepted on scheme	
What is the oldest age accepted on scheme	

5. Please state the client groups you support:

Areas of need	Primary	Secondary
People suffering Domestic abuse/violent relationship		
People with Learning Difficulties		
People with Mental Health Issues		
People with Alcohol Dependency		
People with Drug Dependency		
Refugee with support needs		
People with a Physical Disability		
Young and Vulnerable		
Ex-Offenders/ at risk of re-offending/Criminal Justice		
People who are Homeless/potentially homeless		
People with a Chronic Illness		
Vulnerable Single Parents		
Vulnerable Two Parent Families		
Older Person		
Frail Elderly		
People with Sensory Impairment		
People with HIV and AIDS		
Generic		

6. Excluded Client Groups (Please tick any that apply)

People who misuse Alcohol	
People who misuse Drugs	
People with Dementia	
People with Challenging Behaviour	
People at risk of Self Harm	
People with Mental Health issues	
People with Multiple Disabilities	
All Offenders	
Serious Offenders (inc Schedule 1)	
People with a History of Violence	
People with Arson Convictions	
Couples	
Women with male dependants over a specific age	
People with Pets	
People with rent Arrears	
Men	
Women	
No specific exclusions (decided on case by case basis)	
Other, Please specify	

7. Household Type (Please tick any that apply)

Women with Children – Lone Parents	
Men with Children – Lone Parents	
Single Women	
Single Men	
Couples with Children	
Couples (no children)	
All adult household	
Other, please specify	

8. Access Arrangements (Please tick any that apply)

Direct Access	
Emergency	
By Application	

9. Referral Route (Please tick any that apply)

Self Referral	
Social Services Dept	
Housing Dept/Homeless	
Health/Care Trust	
Information & Advice agencies	
Voluntary / Charity	
Probation	
Housing Association	
Other, please specify	

10. Do you accept referrals from any organisation outside your local authority area?

Yes		No	
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11. Do you operate a waiting list?

Yes		No	
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12. Please indicate the type of service you provide

Service Please tick	Sub Group Please delete as appropriate
Alarm	Dispersed / Hardwired
Floating Support	
Supported Housing	24 hour on site / not 24 hour
Hostel	Direct Access / Referral only
Lodgings/Adult Placement	
Refuge	
Sheltered	Accom. & Alarm / Accom. Alarm & Warden or Support / Very or Extra Sheltered

13. Hours available per day for support (Please tick any that apply)

	Mon – Fri	Sat/Sun
Less than 8 hours		
8 – 12 hours		
13 – 23 hours		
24 hours		
On Call		
Sleep In		

14. Maximum Length of Support

Up to 6 Months	
6 – 12 months	
13 – 18 months	
Over 18 months	
Permanent	
No set length	

15. Have you registered as a domiciliary care agency under the care standards Act 2000?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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16. Service User Participation carried out within the specified year (Please tick any that apply)

Type	
Complaints & Suggestions	
Feedback Forms	
Focus Groups	
Group Feedback sessions	
Handbook	
House Meetings	
Newsletter	
One to One Interviews	
Questionnaire - General	
Questionnaire – Exit	
Questionnaire - Follow up	
User Forums	
User representation on Management Committee	
Provision of information, please specify	
Other, please specify	

17. Partnership Details

	Name of Agency	HA, LA, Voluntary or Private
Support Provider		
Owner of Property		
Manager of accommodation		
Care Provider		
Other, please specify		

18. Facilities Available (Please tick any that apply)

Communal Kitchen	
Communal Dining Room	
Communal Lounge	
Laundry Facilities	
Lift	
Intercom/Door Entry Facilities	
Fixed Community Alarm Call System	
Dispersed Community Alarm Call System	
Other, please specify	

19. Services Available (Please tick any that apply)

Concierge/Caretaker Services	
Laundry Services	
Alarm Services	
Security Service	
Meal provision	
Other, please specify	

I can confirm that this monitoring form has been completed by myself and that the information contained within is valid and correct. I also give permission for the Supporting People Team to share this information with other agencies.

Name:		Job Title:	
Signature		Contact Number:	
		Date:	

NOTE: Schemes giving incorrect information which is materially misleading, may be required by the Local Authority to replay the Grant in whole or in part, plus appropriate interest.

THANK YOU VERY MUCH FOR COMPLETING THIS FORM

Please forward this form to the Supporting People Team
in your current county

Blaenau Gwent Supporting People Team: 01495 354682

The Supporting People Manager,
Social Services, 107 – 110 Worcester Street,
Brynmawr, NP23 4JP

Caerphilly Supporting People Team: 01495 223419

The Bungalow, 16 Ty Mynyddislwyn,
Gelligroes Road, Pontllanfraith,
Blackwood, NP12 2JE

Monmouthshire Supporting People Team: 01495 768250

Monmouthshire County Council,
Supporting People Team,
County Hall, Cwmbran, NP44 2XH

Newport Supporting People Team: 01633 857550

Social Wellbeing & Housing,
Blaen-y-Pant Bungalow, 74 Blaen-y-Pant Crescent
Newport, NP20 5PX

Torfaen Supporting People Team: 01495 766447

Torfaen County Borough Council, Civic Centre,
Pontypool, Torfaen, NP4 6YB

If you would like this form in another language, please contact the relevant
Supporting People Team

