

## Repairs Direct operative summary form

Tenant name:	Address:
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Type of issue	Tick if witnessed	Comments
Mobility impairment, including moving through their flat, answering doors etc.		
Visual impairment, including how we communicate with them		
Hearing impairment, including how we communicate with them and vice versa		
Environmental issues within their flat e.g. heating/cold		
Any impairment affecting their communication preferences, e.g. speech impairment		
No, or poor, English language skills		
Mental Health issues		
Suicide or serious self-harm risk		
Homelessness or repeated homelessness.		
Periods following discharge from hospital or other care		
Periods of sustained illness at home, or ongoing medical care at home (such as dialysis, oxygen masks etc.)		
Period of change from supported accommodation to independent living		
Evidence of harassment, abuse or Anti-Social		

Behaviour <i>toward</i> the individual or household		
Evidence of harassment, abuse or anti-social behaviour <i>committed by</i> the individual or household		
Relationship Breakdown		
Domestic Violence		
Rent arrears or other debt problems		
During and following substance abuse		
Deterioration in mobility due to accident or illness		
Failing memory / coping skills due to injury or illness		
Isolation		

Operative name	
Signature	
Date	