**Plus Dane SHAP REFERRAL FORM**

Referrals can be direct to: **Plusdane-ShapReferrals@plusdane.co.uk**

If you are completing this form electronically, please include as much detail as possible to ensure the applicant is prioritised correctly. **Mandatory questions - please ensure responses are added**

**Plus Dane SHAP Floating Support is a free service to Halton residents who may be having difficulties managing their home.**

**The criteria for our service – must be: 18+ years of age, hold a tenancy in their own right and have housing related support needs.**

**\*If homeless and need housing support/advice for accommodation, please contact the Homeless Team on 0303 333 4300**

**\*\*If Property Pool Plus assistance is needed, please call the Property Pool Plus helpline on 0151 510 5222 – we cannot assist with Property Pool Plus registration**

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| --- | --- | --- | --- | --- | --- |
| **Referral agency name:** | |  | **Referrer’s name:** | |  |
| **Tel No:** | |  |
| **Reason for referral (Housing issue)** | |  | | | |
| **Applicant’s Name** | |  | | | |
| **Applicant’s contact details** | | **Address** |  | | |
| **Email/tel. no** |  | | |
| **Sex:** M F | | **Date of Birth:** |  | | |
| **Does the applicant communicate in English?** | | Yes  No | | | |
| **Risk/Support Areas** | **Potential risk or needs in this area Yes/No** | **Details**  **If Yes, please add further details as these details will set the priority level for the client** | | | |
| **Drugs/Alcohol** |  |  | | | |
| **Self-Harm/ Suicide** |  |  | | | |
| **Mental health** |  |  | | | |
| **Offending, including arson, sex offences and offences against a person under the age of 18** |  |  | | | |
| **Violence /Aggressive Behaviour** |  |  | | | |
| **Accommodation** |  |  | | | |
| **Financial** |  |  | | | |
| ***The client is signing to give consent that the information in this form is correct and can be shared with services within MainStay.*** | | | | | |
| **Signed by client:** | | | | **Date:** | |