

Reach for Resources Housing Referral Form

Basic Information

Full Legal Name: _____ Email Address: _____
 Date of Birth: _____ Phone Number: _____
 Address: _____
 Current Housing Situation: _____
 Diagnosis Information: _____
 Emergency Contact Name: _____ Emergency Contact Phone: _____

Other Services

Case Manager: _____ Phone Number: _____
 Type of Case Manager: _____ Email Address: _____
 Agency: _____

Waivered Services

Waiver Type (DD, CADI, Elderly Waiver, AC, CAC, BI): _____
 Case Manager: _____ Phone Number: _____
 Agency: _____ Email Address: _____

Insurance Information

Type of Insurance: _____
 MA (PMI): _____
 Medicare: _____
 Medicaid: _____
 Private Insurance (Provide Company, Member Number, Copy of Card): _____

Possible Program to Qualify For

Housing Stabilization Services: Information Needed: _____
 Housing Support: Information Needed: _____

Required Documentation to Submit (If Applicable):

- An assessment (Assessment must not be more than nine months old at Housing Stabilization Services eligibility review)
- | | |
|--|---|
| <input type="checkbox"/> MNChoices Assessment
<input type="checkbox"/> Professional Statement of Need (PSN) | <input type="checkbox"/> Coordinated Entry Assessment |
|--|---|
- Proof of Disability
- | | |
|---|--|
| <input type="checkbox"/> PSN
<input type="checkbox"/> Medical Opinion Form | <input type="checkbox"/> SSI/SSDI Recipient
<input type="checkbox"/> SMRT |
|---|--|
- Person-Centered Plan
- | | |
|--|---|
| <input type="checkbox"/> Community Services and Support Plan
<input type="checkbox"/> Coordinated Care Plan (Seniors) | <input type="checkbox"/> Housing-Focused Person-Centered Plan |
|--|---|
- Other Documents
- | | |
|--|---|
| <input type="checkbox"/> State Identification
<input type="checkbox"/> Economic Assistance Award Letter | <input type="checkbox"/> Insurance Card
<input type="checkbox"/> SS Award Letter |
|--|---|

PLEASE SUBMIT THIS FORM TO:	INTERNAL USE ONLY:
Reach for Resources Attention: Laura Balakrishnan, Housing Coordinator 612-990-2156 lharter@reachforresources.org	Date Contacted: Date of Assessment: Completed With: Date Submitted to Portal: Date Referred to HSS Consultation Provider: