

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)

- MNChoices Assessment Coordinated Entry Assessment
 Professional Statement of Need (PSN)

Proof of Disability

- PSN SSI/SSDI Recipient
 Medical Opinion Form SMRT

Person-Centered Plan

- Community Services and Support Plan Housing-Focused Person-Centered Plan
 Coordinated Care Plan (Seniors)

Other Documents

- State Identification Insurance Card
 Economic Assistance Award Letter SS Award Letter

PLEASE SUBMIT THIS FORM TO:

Reach for Resources
Attention: Emily Hallett, Housing Coordinator
952-486-2373
ehallett@reachforresources.org

INTERNAL USE ONLY:

Date Contacted:
Date of Assessment:
Completed With:
Date Submitted to Portal:
Date Referred to HSS Consultation Provider: