

## Housing Services Pre-Assessment/Referral Form

Personal Information:		
Full Legal Name:	Pre-Assessment Date:	
Date of Birth:	Phone Number:	
Address:	City, State, Zip: Address:	
Econ. Assist. Case #:	Email Address:	
Emergency Contact Name:	Emergency Contact Phone:	
Other Services:		
Case Manager:	Email Address:	
Agency Name:	Phone Number:	
Notes:		
Mental Health Case Manager:	Email Address:	
Agency Name:	Phone Number:	
Notes:		
Other Service Provider:	Email Address:	
Agency Name:	Phone Number:	
Notes:		
Insurance Information:		
□ MA □ Medicaid	□Medicare	
$\Box$ Private Insurance (Company, Member #, Card):		
Financial Information		
Source of Income Amount	Notes	
GA		
□ SNAP		
Other:		
Total Monthly Income		
Housing Program to Qualify For:		
Housing Stabilization Services	Housing Support (GRH-I)	
Information Needed:		
Required Documentation to Submit for HSS (If Applicable):		
Assessment (Must not be more than 9 months at HSS e		
MN Choices Assessment Professional Statement	of Need (PSN) Coordinated Entry Assessment	
Proof of Disability:		
Medical Opinion Form PSN	Coordinated Entry Assessment SMRT	
Person Centered Plan:		
□ CSSP □ Coordinated Care Plan (	Seniors) 🛛 Housing Focused Person-Centered Plan	
Identification/Paperwork:		
SS Award Letter	Econ. Assist. Award Letter State ID	
Please Submit to:		

Please Sublinit to.	
Abi Salm	asalm@reachforresources.org
Housing Manager	(p) 952-465-7750   (f) 952-229-4468