



# Housing Services

## Pre-Assessment/Referral Form

<b>Personal Information:</b>		
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:	
<b>Other Services:</b>		
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:		
<b>Insurance Information:</b>		
<input type="checkbox"/> MA	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare
<input type="checkbox"/> Private Insurance (Company, Member #, Card):		
<b>Financial Information</b>		
<b>Source of Income</b>	<b>Amount</b>	<b>Notes</b>
<input type="checkbox"/> GA		
<input type="checkbox"/> SSI		
<input type="checkbox"/> SSDI		
<input type="checkbox"/> RSDI		
<input type="checkbox"/> MFIP		
<input type="checkbox"/> SNAP		
Other:		
<b>Total Monthly Income</b>		
<b>Housing Program to Qualify For:</b>		
<input type="checkbox"/> Housing Stabilization Services	<input type="checkbox"/> Housing Support (GRH-I)	
Information Needed:		
<b>Required Documentation to Submit for HSS (If Applicable):</b>		
<b>Assessment (Must not be more than 9 months at HSS eligibility review):</b>		
<input type="checkbox"/> MN Choices Assessment	<input type="checkbox"/> Professional Statement of Need (PSN)	<input type="checkbox"/> Coordinated Entry Assessment
<b>Proof of Disability:</b>		
<input type="checkbox"/> Medical Opinion Form	<input type="checkbox"/> PSN	<input type="checkbox"/> Coordinated Entry Assessment
<input type="checkbox"/> SMRT		
<b>Person Centered Plan:</b>		
<input type="checkbox"/> CSSP	<input type="checkbox"/> Coordinated Care Plan (Seniors)	<input type="checkbox"/> Housing Focused Person-Centered Plan
<b>Identification/Paperwork:</b>		
<input type="checkbox"/> SS Award Letter	<input type="checkbox"/> Insurance Card	<input type="checkbox"/> Econ. Assist. Award Letter
<input type="checkbox"/> State ID		

<b>Please Submit to:</b>
Email: Amfhousing@gmail.com