Acorn Housing Services
207 York Ave NW
Elk River, MN 55330
www.acornhousingservices.com

Client Information

First Name:
Last Name:
Current Address:
City, State, Zip:
Client Phone:
Client Email:
Client Preferred Method of Contact: ☐ Phone call ☐ Text ☐ Email ☐ Mail
Medical Assistance Number (PMI):
DOB:
Disability Type: ☐ Mental Illness ☐ Learning Disability ☐ Extended Injury or Illness ☐ SSI/SSDI eligible ☐ Developmental Disability ☐ Substance Use Disorder

Emergency Contact

Name:	Phone:
Guardian (if applicable):	Phone:

Case Manager or Consultation

Name	Phone	Email

Provider Services Needed

☐ Housing Stabilization Services Transition
☐ Housing Stabilization Services Sustain

Briefly describe your client's situation:

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