



## Referral Form-Housing Stabilization Services (HSS)

### Client Identification

Full Name:		
Mailing Address:		
Medical Assistance Number (PMI):		
Date of Birth:		
Phone Number	Cell:	Home:
Interpreter Services:	<input type="checkbox"/> Yes <input type="checkbox"/> No    Language:	

### Emergency Contact

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

### Case Manager/Consultation Provider

Name:	Phone:	Email:
Name:	Phone:	Email:

### Services Needed

<input type="checkbox"/> Housing Stabilization Services Transition	<input type="checkbox"/> Housing Stabilization Services Sustain	<b>HSS Provider Change Request</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Housing Consultations	<input type="checkbox"/> 24 Hour Emergency Assistance	

### UMPI Number

Housing Stabilization Services (HSS)	M286480100
24 Hour Emergency Assistance	A487195700

Please email the completed referral form with CSSP to [info@journeysupportservices.com](mailto:info@journeysupportservices.com)

Journey Support Services

PO Box 40453

Saint Paul, MN 55104

(651) 800-5226