



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	HSS Provider Change Request <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Housing Consultations		

UMPI Number

Housing Stabilization Services (HSS)	M286480100
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Please email the completed referral form with CSSP to info@journeysupportservices.com

Journey Support Services

PO Box 40453

Saint Paul, MN 55104

(651) 800-5226